New Student Referral Form  
Please make sure to fill in all boxes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 1: Student’s Personal Details | | | | |
| **Full given name** |  | | | |
| **Preferred name** |  | | | |
| **Date of Birth** |  | | | |
| **Gender** |  | | | |
| **Current address** |  | | | |
| **Any other home addresses** |  | | | |
| Section 2: Guardians and Responsible Adults Details | | | | |
| **Full given name** |  | | | |
| **Relationship to student** |  | | | |
| **Address** |  | | | |
| **Phone and Email** |  | | | |
| **Any other responsible adult’s information** |  | | | |
| Section 3: Referral Details | | | | |
| **Date of referral** |  | | | |
| **Referrer's name** |  | | | |
| **Referrer's contact details** (address, phone, email) |  | | | |
| **Reason for referral** |  | | | |
| **Referral origin** | Choose an item. | | | |
| **Urgency** | Choose an item. | | | |
| Section 4: Background & Safeguarding | | | | |
| **Relevant medical details** |  | | | |
| **Relevant history and any known concerns (non academic)** |  | | | |
| **SEMH Issues** (Social, Emotional, Mental Health) |  | | | |
| **Required  student : adult ratio** | Choose an item. | | | |
| **Can the student leave the premises (delete as appropriate)** | Choose an item. | | | |
| **Contact in case of unauthorised absence** |  | | | |
| **Procedure in case of attempted abscondment** |  | | | |
| **Procedure for emergency** (illness etc) |  | | | |
| Section 5: Educational History | | | | |
| **Previous/current placement** (mainstream school/specialist school  / homeschool / other) |  | | | |
| **Current school year** |  | | | |
| **Unique Pupil Number** |  | | | |
| **Current academic level of achievement** | Choose an item. | | | |
| **Literacy skills (reading age/level/grade working at if known)** |  | | | |
| **Numeracy skills (maths age /level/grade working at if known if known)** |  | | | |
| **Specific learning difficulties?** (e.g. Dyslexia, Dyscalculia, ADHD) |  | | | |
| **Special educational requirements**  (environmental, personal, sensory etc) Please give as much detail as possible. |  | | | |
| **Strengths and weaknesses** |  | | | |
| Section 6: Placement Details | | | | |
| **Requested start date:** |  | | | |
| **Estimated placement length:** |  | | | |
| **Weekly hours for Core Subjects:** | **Maths:** | **English:** | | **Science:** |
| **Requested additional subjects (and hours)** |  | | | |
| **Any timetabling constraints** (regular appointments etc) |  | | | |
| **How will student travel to site:** | Choose an item. | | | |
| **Academic Aims:** | **Short term:** | | **Long term:** | |
|  | |  | |
| **SEMH Aims** | **Short term:** | | **Long term:** | |
|  | |  | |
| **Contact details for required reports if not the referrer (include name and Email address).** | **Attendance Reports / Frequency:** | | **Half Termly Progress Log:** | |
|  | |  | |
| **Expected next stage** | Choose an item.  If other, please state:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Attached** | **EHCP**  Choose an item. | | **Risk Assessment**  Choose an item. | |
| **Signature** |  | | | |
| **Print name** |  | | | |
| **Date** | Click or tap to enter a date. | | | |
| On receipt of the referral, we will create a tailored timetable and agreed goals for the student for approval. Once a timetable has been agreed upon by all parties (GROW, student, guardian, referrer, and any additional service providers) we will enrol the student. **This form will not be processed unless all components are filled in.** | | | | |