**ELECTIVE HOME EDUCATION (EHE)**

Notice of intention by a parent to home educate their child

Parents who wish to home educate their child who is registered at a maintained school or an independent school, must inform the school formally in writing of their intention to de-register. The child should remain on roll until schools are in receipt of written notification.

Please complete this form and send with the parent’s deregistration letter to the School Admissions Team at [school-admissions@shropshire.gov.uk](mailto:school-admissions@shropshire.gov.uk). This needs to be sent within 10 school days.

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| --- | --- | --- | --- |
| Name of School: |  | | |
| DfE Number: |  | | |
| UPN: |  | | |
| Name of Pupil: |  | | |
| Date of birth: |  | | |
| Address: |  | | |
| Telephone: |  | | |
| E-mail: |  | | |
| Name of resident Parent(s) or Carer(s)  Please include title. |  | | |
| Address:  (if different to above) |  | | |
| Telephone: |  | | |
| E-mail: |  | | |
| Name and contact details of any adult with PR not listed above  Please include title. |  | | |
| Pupil’s % attendance at point of de-registration: | |  | % |
| Reasons given by the parents/carers why EHE has been chosen: | | | |
| Do you think this decision is in the best interest of the child? | | Yes | No |
| If no, please give further details: | | | |
| Has there been an opportunity for the parents/carers to meet with a school representative to discuss the reason for EHE? | | Yes | No |
| Please provide details of this meeting. | | | |

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| If a meeting has not taken place, please explain why. | | | | |
| Is there a suitable learning environment? | | Yes | | No |
| Please give further details: | | | | |
| Do you have current safeguarding concerns about this child? | | Yes​☐​ | | No​☐​ |
| Please briefly summarise and include dates of these concerns. | | | | |
| Please detail safeguarding actions taken by school. | | | | |
| Is this child on a CP plan? | Historically​☐​ | Yes​☐​ | | No​☐​ |
| Please provide any start/end dates and the name and contact details of caseworkers involved. | | | | |
| Is this child on a CiN plan? | Historically​☐​ | Yes​☐​ | | No​☐​ |
| Please provide any start/end dates and the name and contact details of caseworkers involved. | | | | |
| Is this child open to Early Help? | Historically​☐​ | Yes​☐​ | | No​☐​ |
| Please provide any start/end dates and the name and contact details of caseworkers involved. | | | | |
| If open to CP/CiN/EH, please confirm the current caseworker has been informed of the move to EHE. | | Yes​☐​ | | |
| Do you have any concerns with regards to this child being educated at home? | | Yes | No | |
| If yes, please give further details: | | | | |
| Is there a safeguarding file for this pupil?  If yes, e-mail an electronic copy to [eas@shropshire.gov.uk](mailto:eas@shropshire.gov.uk).  In line with Keeping Children Safe in Education 2023, the child’s safeguarding file must be transferred securely and separately to Shropshire local authority via encrypted email to [eas@shropshire.gov.uk](mailto:eas@shropshire.gov.uk). We ask that files are sent electronically as we are unable to accept hard copies currently. | | Yes | No | |
| Education and Health Care Plan | | Yes | No | |
| SEND Support (Graduated Support Pathway) | | Yes | No | |
| Education Health Care Needs Assessment Requested | | Yes | No | |
| Young Carer | | Yes | No | |
| Receiving Free School Meals | | Yes | No | |
| Entitled to Pupil Premium Grant | | Yes | No | |
| Has a disability or medical condition | | Yes | No | |
| English as an additional Language | | Yes | No | |
| Personalised Learning Plan in the last 6 months | | Yes | No | |
| Attended alternative provision in the last 6 months | | Yes | No | |

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| --- | --- | --- | --- | --- |
| Accessing any internal support provision within your school currently | | | Yes | No |
| Suspensions | | | Yes | No |
| Operation Encompass Alerts | | | Yes | No |
| PREVENT concerns (*prevent people from being drawn into terrorism*) | | | Yes | No |
| Are there any concerns or indicators for child exploitation | | | Yes | No |
| Voluntary charity | | | Yes | No |
| **Agencies/Professional currently involved** | | **Name of professional** | | |
| Bee U (formerly CAHMS), Healios | |  | | |
| School Nurse | |  | | |
| Education Welfare Officer | |  | | |
| Other | |  | | |
|  | |  | | |
| I confirm that the information on this form is accurate and if a safeguarding file exists, this has been emailed to [eas@shropshire.gov.uk](mailto:eas@shropshire.gov.uk) with the accompanying Safeguarding Summary cover sheet. | | | | |
| Signed by Headteacher | | | | |
| Print name |  | | | |
| Date |  | | | |