**Future Gateways - Pupil Referral Form**

**Company Number 09657225**

**UKPRN 10054128**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer’s Information** | | | |
| Date of referral |  | Student year group at point of referral |  |
| School/Agency referring | |  | |
| Name | |  | |
| Telephone number | |  | |
| Email address | |  | |
| Child Protection Lead | |  | |
| Exams officer | |  | |
| Attendance Officer email | |  | |
|  | | | |
| **Student Details** | | | |
| First Name | |  | |
| Surname | |  | |
| D.O.B | |  | |
| First language | |  | |
| Address | |  | |
| Landline | |  | |
| Student mobile | |  | |
| Student email | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Guardian Details** | | | | | | | | | | | |
| Name | | | |  | | | | | | | |
| Address if different to above | | | |  | | | | | | | |
| Landline | | | |  | | | | | | | |
| Mobile | | | |  | | | | | | | |
| Email Address | | | |  | | | | | | | |
|  | | | | | | | | | | | |
| **Emergency Contact** | | | | | | | | | | | |
| Name | | | |  | | | | | | | |
| Address | | | |  | | | | | | | |
| Landline | | | |  | | | | | | | |
| Mobile | | | |  | | | | | | | |
| Relationship to child | | | |  | | | | | | | |
| **Education** | | | | | | | | | | | |
| List qualifications achieved to date | | | |  | | | | | | | |
| List current achieved/assessed levels | | | |  | | | | | | | |
| Predicated grades For core subjects – Maths English and ICT | | | |  | | | | | | | |
| List any access arrangements | | | |  | | | | | | | |
| Exam entries | | | |  | | | | | | | |
| Other continued subjects studied | | | |  | | | | | | | |
|  | | | | | | | | | | | |
| **Other Relevant Information** | | | | | | | | | | | |
| YOT - Provide Details If Applicable | | | |  | | | | | | | |
| LAC - Provide social worker details including name and number | | | |  | | | | | | | |
| CAMHS active or inactive | | | |  | | | | | | | |
| Social Services Involvement | | | |  | | | | | | | |
| Education, Health and Care Plan or Statement | | | |  | | | | | | | |
| F.S.M. | | | |  | | | | | | | |
| Attendance | | | |  | | | | | | | |
| DAT referrals | | | |  | | | | | | | |
| Relevant medical information | | | |  | | | | | | | |
|  | | | | | | | | | | | |
| Please provide brief reason for referral | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Please Tick Provision Required** | | | | | | | | | |  | |
| Monday | | | | | | | | | |  | |
| Full Day |  | Half Day | | | |  | Not Required | |  |  | |
| Tuesday | | | | | | | | | |  | |
| Full Day |  | Half Day | | | |  | Not Required | |  |  | |
| Wednesday | | | | | | | | | |  | |
| Full Day |  | Half Day | | | |  | Not Required | |  |  | |
| Thursday | | | | | | | | | |  | |
| Full Day |  | Half Day | | | |  | Not Required | |  |  | |
| Friday | | | | | | | | | |  | |
| Full Day |  | Half Day | | | |  | Not Required | |  |  | |
|  | | | | | | | | | | | |
| **Please Tick Subjects Required** | | | | | | | | | | | |
| Functional Skills: | | | | | | | | | | | |
| English | | |  | | Maths | | |  | ICT | |  |
| GCSE Offer: | | | | | | | | | | | |
| English |  | Maths | | | |  | ICT | |  | PSD |  |