**Future Gateways - Pupil Referral Form**

**Company Number 09657225**

**UKPRN 10054128**

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| **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 |  |

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| --- |
| **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 |  |