

HULL CITY COUNCIL CHILDREN MISSING EDUCATION NOTIFICATION FORM

This form is to be used **PRIOR** to referring a pupil as a child missing from education and only when all reasonable enquiries have been made to establish the whereabouts of pupils who have moved out of the area or within the area with no forwarding address, or where a school has been approached for a place directly by a parent/carer, and for agencies other than schools who have knowledge of children not on a school roll. **Please provide as much information as possible.**

REQUIRED INFORMATION FOR PUPIL BEING REFERRED							
Surname				First Name(s)			
UPN		Year Group		DOB		Gender	
Sibling Details							
Current Address							
New Address/Area Moved to							
Parent/Carer name							
Email Address					Contact Number		
Current/Previous school - On roll Y/N					Date Last Attended		
OTHER DETAILS (please indicate)				PUPIL STATUS (please indicate)			
Does the child have a history of non-attendance?		Y/N		LAC/CP/CIN (please specify)		Y/N	
Is there a pattern of unauthorised term time leave?		Y/N		Formerly/currently known to Social Care		Y/N	
Is the child subject to private fostering?		Y/N		SEND		Y/N	
Do you have any supporting documentation to support relocation out of Hull? Please attach		Y/N		Traveller		Y/N	
				Asylum Seeker		Y/N	
Name and contact details of social worker/other agency							
Other vulnerabilities (domestic violence, temporary accommodation) - Please state							
ACTIONS TAKEN PRIOR TO REFERRAL							
Phone Call 1	Tel:		Date: / /		Outcome:		

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Phone Call 2	Tel:	Date: / /	Outcome:
Letter Sent	Date: / /	Outcome:	

OUTCOMES OF HOME VISITS

DATE	AM	PM	ADDRESS VISITED: (if different from above)	WHO DID YOU SPEAK TO? (State relationship to the pupil as well as forename and/or surname)

SAFEGUARDING RISK APPRAISAL

Risk Assessment (are there any known concerns/safeguarding risks)	
Date of any concerns referred to EHASH?	
Outcome of referral to EHASH?	

YOUR CONTACT DETAILS

Name		Job Title	
Contact Number		Date Referred	
Email Address			

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Involvements			
Confirm address and parent details Y/N		Confirm sibling details Y/N	
Known to admissions team Y/N		Date referred to other agencies	
School allocated		Date on roll	

*Please return this form to: Education Welfare Service, The Guildhall, Alfred Gelder Street, KUH HU1 2AA
Via EDT for Hull schools or Email – CME@hullcc.gov.uk*

IMPORTANT: If you receive any notification of a school admitting this pupil(s) please contact the CME Officer ASAP on 613967