

ELECTIVE HOME EDUCATION NOTIFICATION (EHE1)

<p>Date notification received by school Please attach notification to this form</p>		
<p>Date Pupil deleted from the school's admission register</p>		
<p>Pupil Surname:</p>		<p>Pupil First Name :</p>
<p>Alias:</p>		<p>Pupil Middle Name:</p>
<p>Date of Birth:</p>		<p>UPN No :</p>
<p>Address: Current <input type="checkbox"/></p> <p>Contact No Home: Mobile: Any Other Contact No's: GP (if known):</p>		<p>Names of parents /Carer and who has parental responsibility (full names with DOB if known) Please state if SGO. Are you aware of any parental disputes or orders in place that may prevent the request for the EHE</p> <p>1. DOB Relationship to child</p> <p>2. DOB Relationship to child:</p> <p>Siblings Names DOB and Education status</p> <p>Please add any other children living in the household if a blended family.</p>
<p>Ethnicity / EAL :</p>	<p>Gender:</p>	<p>Year Group:</p>
<p>Name of School:</p> <p>Contact name in school:</p> <p>Current % attendance:</p> <p>Please enclose a copy of current attendance register</p>		
<p>Does this child / young person currently have (please indicate)</p>		
<p>EHA If yes who is involved and who is the lead.</p>		<p>EHA Reference Number:</p>

		TEHSP Yes No if yes have you informed them	
SEN Support (insert primary need)		Undergoing EHCP Needs Assessment	
EHCP (if yes have you informed the EHC team)		Date of EHCP Annual Review :	
Please note : Where a child has an Educational Health and Care Plan (EHCP) and attends a special school they cannot be removed from school roll without the consent of the local authority, until this consent is provided the school is responsible for completing safeguarding checks.			
Is this child / young person currently: (please indicate)			
Looked After		A Refugee / Asylum Seeker	
Subject to a Child Protection plan		From a Travelling Family	
In Temporary Accommodation		Private Foster Arrangement	

Are any of the following agencies known to be currently involved with this child / family (please indicate and provide contact names if known) <u>Please note</u> if a child is subject to either a Child Protection Plan / Child in Need or where there may be safeguarding concerns schools must contact children's Social Care. What is the social workers view in regard to the families' intention to EHE?			
Social Care (Social Services)		Education Psychology / Inclusion service	
Education Welfare		School Nurse	
CAMHS		Youth Justice Team	
Other Additional Information: <ul style="list-style-type: none"> Reason for EHE - Have parents or carers been offered a meeting to discuss their notification of EHE, what was the outcome of this meeting? - Please also include information on progress reports and academic levels and/or Motional assessment - Please also include any information on any risk factors of home visits - 			

Head teachers Name

Signature

Date

**Please send the notification for Elective Home Education and EHE1 form to:
The Education Welfare Service EHE@barnsley.gov.uk**

**The Elective Home Education policy can be found at
<https://www.barnsley.gov.uk/services/children-families-and-education/schools-and-learning/educating-your-child-at-home/>**

**Barnsley Council/Education Welfare's privacy statement is available to view at
<https://www.barnsley.gov.uk/media/8746/early-start-prevention-and-sufficiency-education-welfare-service.pdf>**

April 2025