PARENTAL CONFIRMATION OF ELECTIVE HOME EDUCATION

For children being educated otherwise than at school, we politely ask that you fill this form in as best you can. It will help us ensure we have the most up to date contact information and understand the education provision you are intending to provide. This will assist in future contact we may have with you and any offer of support that meets your child’s individual needs and circumstances. If there is insufficient space in any section, please continue on a separate sheet.

If you prefer an electronic copy of this form can be found at – [suffolk.gov.uk/EHE](https://www.suffolk.gov.uk/ehe).

When completed, please send it to: Elective Home Education, Education, Skills and Learning, Children and Young People’s Services, Suffolk County Council, 4th Floor Lime, Endeavour House, Russell Road, Ipswich, Suffolk, IP1 2BX

Phone: 01473 265139 Email: EHE@suffolk.gov.uk

**Section 1: Current Contact Information**

**Parent/Guardian 1:**

Forename: …………………………….… Surname: ………………………………………………………

Relationship to child: ……………………………………….

Address: ……………………………………………………………………………………….…………….

Postcode: …………………………... Email: …………………………………………… [ ]

Phone (Home): …………………………………. [ ]  (Mobile) ………………….……………[ ]

*Please tick to indicate by which method/s you would prefer to be contacted.*

**Parent/Guardian 2:**

Forename: …………………………….… Surname: ………………………………………………………

Relationship to child: ……………………………………….

Address: ……………………………………………………………………………………….…………….

Postcode: …………………………... Email: …………………………………………… [ ]

Phone (Home): …………………………………. [ ]  (Mobile) ………………….…………… [ ]

*Please tick to indicate by which method/s you would prefer to be contacted.*

**Section 2: Previous Education History**

Most recent school/Education provision ………………………………………………………………...……….

Any previous schools

|  |  |  |  |
| --- | --- | --- | --- |
| Date From | Date To | School / Provision Name | Local Authority |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please can you indicate if you were offered a meeting by your school before making your decision to Electively Home Educate. YES [ ]  NO [ ]

If you feel you have been coerced or encouraged into making the decision to Electively Home Educate your child/ren, please let us know. YES [ ]  NO [ ]

If yes please provide further detail below or contact our team 01473 265139 ehe@suffolk.gov.uk

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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If Elective Home Education is a short-term intervention, have you applied for another school(s)? YES [ ]  NO [ ]

If YES, which school(s) ………………………………………………………………………………………

**Section 3: Your Child**

Name: … ………………………… DOB: ………………………………………

If there are any other children in the family who are of school age, please provide the following details:

|  |  |  |
| --- | --- | --- |
| **Name/s:**  | **Date/s of birth:**  | **Current education provision:** |
|  |  |  |
|  |  |  |
|  |  |  |

Are any of your children young carers for any adults in the home? YES [ ]  NO [ ]

Does your child have any additional learning, social, emotional or physical needs? If so, please complete section 4 below. YES [ ]  NO [ ]

**Section 4: Special Educational Needs**

|  |
| --- |
| Does your child have any difficulties or needs that may be affecting their learning? YES [ ]  NO [ ] If YES please give details. |
| Is your child currently awaiting any assessments? YES [ ]  NO [ ] If YES please give details.  |
| Does your child have an Education, Health and Care plan (EHCP)? YES [ ]  NO [ ] If YES when was the last annual review …………………… How are you planning to work towards the outcomes on the EHCP? |

**Section 5: Reason for Elective Home Education**

|  |  |
| --- | --- |
| Reason | Please can you let us know all relevant reasons and highlight or **underline** the main reason. |
| Physical health |  |
| Mental health |  |
| Health concerns relating to COVID-19 |  |
| Did not get school preference |  |
| Permanent exclusion |  |
| Risk of school exclusion |  |
| Difficulty in accessing a school place |  |
| Philosophical or preferential reasons |  |
| Religious reasons |  |
| Lifestyle choice |  |
| Suggestion/pressure from the school |  |
| Dissatisfaction with the school - general |  |
| Dissatisfaction with the school - SEND |  |
| Dissatisfaction with the school - bullying |  |
| Other |  |

**Section 6: Elective home education provision – enquiry questions**

|  |
| --- |
| What are you hoping your child will learn over the next year? Please could you share the areas or topics you plan to cover and any specific resources, websites, Apps, text or workbooks and games that you are using/planning to use. Numeracy:Literacy: Please include examples of reading books, Other subjects or topics you have chosen to cover:General resources:What is your child interested in or good at? How do you plan to accommodate these?Does your child have access to a PC/tablet? |
| What proportion of the day/week do you estimate that your child is involved in educational activities?It may help to describe the past week or perhaps a typical week of activities which would help us have a picture of the activities occupying a significant portion of your child’s life. |
| If you have chosen to use other educational services or tutors, please give the name and address of anyone involved in providing education for your child (please include online learning platforms). |
| How will you build upon what your child knows and what your child can do and how will you record this?  |
| Are there any other professionals who are currently supporting your child? YES [ ]  NO [ ] E.g. Health professionals – physiotherapy, speech and language, occupational therapy If YES please share their names and their job title.Do you give consent for the EHE Team to contact these professionals? YES [ ]  NO [ ]  |
| How are your ensuring your child has access to social activities and opportunities to interact with peers?Does your child attend any clubs, sporting or leisure activities? |
| What is working well in home education for you and your family? |
| How do you see your child’s educational future at this time? For example, do you plan to keep home educating up to the end of compulsory education? Do you plan reintegration into school at any point? |
| Is your child being prepared for any national qualifications? YES [ ]  NO [ ] If ‘YES’ please give details of the subject and the qualifications they are working towards e.g. GCSE, etc.What arrangements have been made for an examination entry?  |
| If your child is in Year 10 or 11 please answer the following.Do you have any plans for post 16?(Please note that all young people in England are required to continue in education or training until at least their 18th birthday under the government’s Raising the Participation Age agenda. This applies equally to all young people, including those who were home educated). |
| Is there any specific area that you feel you would like advice or support with or anything else you would like to tell us?  |

**I\*/We confirm my/\*our child is electively home educated** *(\*delete as appropriate)*

Signed Parent/Carer 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Parent/Carer 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* **Please remember to keep a scanned or photographed copy of this form for your**

 **personal records.**

