**Children Missing Education – Reporting Template**

**If you suspect that a child is missing from education, please complete this form, giving as much information as possible.**

**Name of Person Completing form: Date:**

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| **NAME OF CHILD (if known)** |  |
| **DATE OF BIRTH or (Estimated age of Child)** |  |
| **ADDRESS (or if not known, the Street / Area Child known to have links with / was seen in)** |  |
| **DESCRIPTION OF CHILD (if not known to you): i.e. physical description, ethnicity, colour/length of hair, distinguishing features / clothes** |  |
| **CIRCUMSTANCES KNOWN / or WITNESSED** |  |
| **YOUR CONCERNS** |  |
| **PARENT(S) NAMES & ADDRESS(ES) (if known)** |  |
| **CONTACT DETAILS of Parents** |  |
| **NAME of CHILD’S SCHOOL (or any school that the child may have links to)** |  |
| **Contact details of Person completing the form:** |  |

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| **Please return to: CME@Suffolk.gov.uk** |

CME Template v2.1