**Notification of Permanent Exclusion**

**(September 2025)**

**(Day 6 and Inclusion Support Service Referral Form)**

*The completed form and notification letter to parents/carers should be sent* ***immediately*** *to the Inclusion Support Service and Social Worker/Virtual School if applicable. Schools should share generic exclusion information with Governors according to school processes.*

*Procedural guidance is provided in both the DfE and HCC Exclusions Guidance.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School:** |  | | | **DfE No:** |  |
| **School Contact:** |  | **Email Address:** | |  | |
| **Pupil UPN:** |  | **Age:** |  | **Date of Birth:** |  |
| **Surname:** |  | **Gender:** |  | **Year Group:** |  |
| **Forename:** |  | **Preferred Forename:** | |  | |
| **Home Address:** |  | | | | |
| **% Attendance:** |  | | | | |
| **Ethnicity including GRT:** |  | **First Language:** | |  | |
| **SEN Need Code:** | K SEN Support / EHCP / EHCP draft (delete as applicable) | | | | |
| **SEN Needs:** |  | | | | |
| **Free school meals:** | Yes / No | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **In Care:** | Yes / No | **Home authority:** |  |
| **Details of Care Order:** |  | **Accommodated authority:** |  |

**Contacts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pupil’s Contacts:**  **(Priority and Name)** | **Relationship:** | **Address:** | **Court Order:** | **Email:** | **Landline +**  **Mobile No:** |
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**External Agencies Involved in Supporting Pupil:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service:** | **Name:** | **Contact Details:** | **Informed about Exclusion:** |
| Social worker/Family support worker |  |  | Yes / No |
| Virtual School |  |  | Yes / No |
| SEN Caseworker |  |  | Yes / No |
| Educational Psychology |  |  |  |
| Education Centre/PBS |  |  |  |
| Youth Justice Service |  |  |  |
| Other (please specify e.g. EMTAS) |  |  |  |

**Date of Exclusion and Exclusion Reason**

Select up to **3 reasons** if appropriate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Permanent Exclusion issued:** |  | | | |
| Physical assault against a pupil | |  | Abuse relating to disability |  |
| Physical assault against an adult | |  | Sexual misconduct |  |
| Verbal abuse / Threatening behaviour against a pupil | |  | Drug/Alcohol related |  |
| Verbal abuse / Threatening behaviour against an adult | |  | Damage to property |  |
| Use or threat of an offensive weapon/prohibited item | |  | Theft |  |
| Bullying | |  | Persistent or general disruptive behaviour |  |
| Racist abuse | |  | Inappropriate use of social media or online technology |  |
| Abuse against sexual orientation and gender identity | |  |  |  |

**Academic Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| **KS1 & KS2 Attainment** | | | |
|  | **Reading** | **Writing** | **Maths** |
| **Current Status**  (e.g. WTS, ARE, GDS) |  |  |  |
| **SAT results** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CAT Scores** | | | |
| **Verbal** | **Non-Verbal** | **Quantitative** | **Average** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **KS3 & KS4 Attainment** | | | |
| **Subject** | **Current Grade** | **Exam Board** | **Predicted Grade** |
| Maths |  |  |  |
| Science |  |  |  |
| English |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Other |  |  |  |

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| --- |
| **Risks to Pupil or Other Pupils/Adults:** |
| **Relationships with Peer Group:** |
| **Relationship between Home and School:** |
| **Pupil’s Relationships with Staff:** |
| **Pupil’s strengths and interests:** |
| **Details of Behaviours Shown:** |
| **Details of SEN:** |
| **Physical or Mental Health Concerns including allergies etc:** |
| **What would need to happen for this pupil to be successfully re-integrated into a new school?:** |
| **Are there any child protection concerns for this pupil? Is this pupil on the CiN/CP register? Please ensure relevant details are given:** |
| **Name of the School’s Designated Safeguarding Lead:** |

**Completed by: Role:** **Date:**

**Agreed by Headteacher Yes / No**

**Please refer to ISS for support and guidance:** [Exclusion, Reduced Hours Provision, Attendance & Alternative Provision (sharepoint.com)](https://hants.sharepoint.com/sites/InformationHubforEducationalSettings/SitePages/Exclusions.aspx)