**Permanent Exclusion Form**

**All sections of the form must be completed before submission.**

If you have issued a permanent exclusion for a child on roll at your school, please can you complete all sections of this form and return to [exclusions@nottinghamcity.gov.uk](mailto:exclusions@nottinghamcity.gov.uk) . This form will then be sent to Denewood/Unity Academy who will contact parent/carer in order to arrange an admission meeting. **Due to statutory timelines regarding sixth day provision, please can this form be completed and returned within 24hrs of the decision to permanently exclude being made.**

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| **Name of School:** | | | |  | | | | | | | | | | | | | | | | | |
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| **School Contact:**  *Person completing the form and who can be contacted for further information if required.* | | | | Name: | | | |  | | | | | | | | | | |  | |
| Tel: | | | |  | | | | | | | | | | |  | |
| Email: | | | |  | | | | | | | | | | |  | |
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| **1. Pupil Details** | | | | | | | | | | | | | | | | | | | | | |
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| Name of Pupil: | | |  | | | | | | | | DOB: | | |  | | | | | | | |
| Year Group Ethnicity FSM   |  |  | | --- | --- | | Home Address: |  | | | | | | | | | | | | | | | | | | | | | | |
| UPN/ ULN: |  | | | | | | Dates on roll at your school: | | | | On roll **to** Off roll | | | | | | | | | | |
| If the pupil is still on roll, please leave ‘off roll’ blank | | | | | | | | | | | | | | | | | | | | | |
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| **2. Parent/Carer Details** | | | | | | | | | | | | | | | | | | | | | |
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| Name of Parent / Carer: | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number: | | |  | | | | | Email Address | |  | | | | | | | | | | |
| |  |  | | --- | --- | | Home Address (if different to child): |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **3. Special Educational Needs / Disabilities** | | | | | | | | | | | | | | | | | | | | | |
| No SEN: | | | | | SEN Support: | | | | EHCP: | | | | | | | | | | | | |
| Please provide a brief outline of the pupils identified needs: (Please provide a copy of the students Individual Education Plan or Pastoral Support Plan) | | | | | | | | | | | | | | | | | | | | | |
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| **4. Permanent Exclusion Details** | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Date of Exclusion: |  | Reason for Exclusion |  |   Overview of events leading to exclusion:   |  | | --- | |  |  |  | | --- | | **5. Additional Risks / Information** | | | | | | | | | | | | | | | | | | | | | | |
| Child in Care:  Child Protection Plan  Child in Need Plan | | | | | | | | | | | | | | | | | | | | | |
| Social Worker Details: | | | | | |  | | | | | | | | | | | | | | | |
| Has the pupil accessed alternative provision within the last 12 months? (If yes, please provide reasons and details such as the provider, courses and timetable) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Are there any safeguarding risks associated with the child/family? | | | | | | | | | | | | | Yes | | | No | | | | | |
| If yes, please specify | | | | | | | | | | | | | | | | | | | | | |
| In your opinion, do you think that the pupil can be immediately reintegrated back into a mainstream school without intervention? | | | | | | | | | | | | | Yes | | | | No | | | | |
| Please provide reasons for your choice: | | | | | | | | | | | | | | | | | | | | | |
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| **6. Declaration** | | | | | | | | | | | | | | | | | | | | | |
| I confirm that :   * **The information on this form is correct to the best of my knowledge.** * **I give consent that this information can be shared with other educational providers; admission authorities and other relevant agencies.** * **I have attached the relevant attendance sheets requested and other requested documents.** | | | | | | | | | | | | | | | | | | | | | |
| Signed: | |  | | | | | Date: | | | | |  | | | | | |  | |
| **Data Protection:**  The information provided on this form will be processed to making a decision regarding educational provision for pupils of statutory school age. Information will be shared with other Councils; external support services; admission authorities; and educational providers such as schools, academies and alternative providers as part of the fair access protocol or arranging alternative provision.  For further information, please see the Councils privacy statement <https://www.nottinghamcity.gov.uk/privacy-statement/>. All information collected will be controlled, processed and held securely under principles of The Data Protection Act 2018. For further information on data protection, the Council’s use of information sharing, please contact the Data Protection Team on 0115 876 3855 or [data.protection@nottinghamcity.gov.uk](mailto:data.protection@nottinghamcity.gov.uk) | | | | | | | | | | | | | | | | | | | | | |