



55a Richmond Road
Worthing
West Sussex
BN11 4AG
Tel: 01903 608750
Email: sue.evans@child-first.co.uk

Student Referral Form

Date:

Student Name:

Gender:

Date of Birth:

Proposed Placement Date:

Placing Authority:

Social Worker Name:

Address:

Tel No:

Mobile:

Current school Name:

Contact persons name and Job Title.:

Address:

Tel number:

Leaving date:

Reason for leaving:

Home address:

Contact name and Title:

Tel number:

Email

Does the Young Person have a:

- Care Order.** **Y/N**
- Accommodation Order** **Y/N**
- Supervision Order** **Y/N**
- Ward of Court** **Y/N**
- Any Other Court Orders** **Y/N**
- Statement of Education?** **Y/N**

If the Young Person has a Statement please provide details:

.....

.....

.....

Has the young person been excluded within the last year? Yes/No

If yes, please provide details.

Brief description of the young persons educational needs including SEN.

Signed:..... Date.....

Additional sheet