



First Point Referral

Referral Contact Information	
Name of Referrer	
Position	
School / Local Authority	
Have you worked with us before?	
If not, where did you hear about us?	

Student Referral Information	
Student Initials	
Age of Student	
Key Stage Level	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
How long has this student attended your school?	
Does this student attend any other ALP or agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this student have an EHCP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, is one in progress?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this student require education at Ad Astra?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many days are you looking to use Ad Astra for this student?	
Duration of Placement	6 Weeks <input type="checkbox"/> 12 Weeks <input type="checkbox"/> Ongoing <input type="checkbox"/>
Student interest	
Student dislikes	

Please inform us of any further information you feel we should know.

Please return this form to info@adastrayork.co.uk

Further to receiving this completed form, we strongly recommend the student attends Ad Astra accompanied by a responsible adult (school teacher, parent or carer) where they will meet our team and view our facilities.

The school / LA will also be required to complete a full Pupil Referral Form if the student is accepted and release

If you have any further questions, please contact us on 01904 449846