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Pupil Information			
Name:		Ethnic origin:	
Date of birth:		First language:	

Parent(s)/Carer(s) Information			
Name:		Home telephone:	
Current address:		Work telephone:	
		Mobile:	
		Email:	

Details of other adults with parental responsibility for the child			
Name:		Home telephone:	
Current address:		Work telephone:	
		Mobile:	
		Email:	

Referrer's contact details:			
Name:		Position:	
Signature:		Telephone:	
Date:		Email:	

Transport contact details: (if student will be transported by Taxi)			
Name:		Telephone:	

Reasons for attendance at Ad Astra:

Attendance	<input type="checkbox"/>	Unresolved school issues – please provide further information:	
Bullying	<input type="checkbox"/>		
Medical needs	<input type="checkbox"/>		
Religious beliefs	<input type="checkbox"/>		
Risk of exclusion	<input type="checkbox"/>		
Special Educational Needs	<input type="checkbox"/>	Other – please specify:	
Particular talent	<input type="checkbox"/>		
Philosophical preference	<input type="checkbox"/>		
School of choice not available	<input type="checkbox"/>		

Child Safety / Welfare

Does the school have any concerns about the child’s safety or welfare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please outline the nature of the concerns, the action the schools has taken to address these concerns and the involvement of other agencies in respect of these matters on a separate sheet marked Confidential.

Medication

Does the child have any medical issues / prescriptions

If yes, please inform us of medication requirements

Details of other education provision:
Including any Short Stay School or other placements, alternative education or work-based learning

Does the child have any of the following in place? Please provide details including dates for review:

Individual Education Plan (IEP)	Yes / No	
Special Educational Needs: School Action	Yes / No	
Statement of Special Educational Needs	Yes / No	

Details of any additional support or services you have put in place for this child:

Please outline any additional needs the child may have including any disabilities, medical needs, work one on one, gifted & talented.

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Educational Progress

Please provide details of the following:

Number and reason for any exclusions:		
Current Teacher Assessment Levels		
SATS Scores (if appropriate)		

Please comment on the child's educational progress:

Please include information on the child's targets for the current academic year and their progress towards meeting these.

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Child's educational attainment:
Key Stage Level:
Basic skills level:
Working towards:

Please describe child's patterns of behaviour: Please include details of any risk assessments for this child

Other Agency Involvement:

Please supply full contact details of other professionals working with the child and a summary (Improvement Officer, Social Worker, SEN Caseworker):

Name:		Role:	
Address:		Telephone:	
		Mobile:	
		Email:	
Summary of involvement			

Any additional information

Please include any information, which may have a bearing on the delivery of the programme for the young person named above. For example: sex offender, known to be violent, health issues, disabilities etc.

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Signed:..... Print Name.....

Date:.....

Please return this form to:

Elizabeth Shaw
29 Main Street
Wheldrake
York
YO19 6AF

Alternatively, you can email it to info@adastrayork.co.uk