# **Flexi Schooling Notification Form**

**Link to** [**Flexi Schooling Guidance for Schools**](file:///%5C%5Cad.slough.gov.uk%5CStaff%5Cawards-edu%5CAttendance%5CAttendance%20Documents%5CRevised%20CME%20Referral%20Forms%5CSBC%20Guidance%20-%20Flexi%20Schooling%202022.docx)

Please complete (***typed*** *not handwritten*) and return in **Microsoft Word format** to attendance@slough.gov.uk using the following text within the **subject box of the email.**

**‘Flexi schooling - School Name** - **initials of pupil’** – e.g. Flexi schooling - Slough Secondary - JB

| **Referrer details** | **Person responsible for the plan in school** |
| --- | --- |
| Name  |  |
| Position |  |
| OrganisationName of School / Service / LA |  |
| Contact number  |  |
| Email address |  |
| **Start Date** of flexi schooling arrangement |  |
| **Review date** of flexischooling arrangement |  |

| **Pupil Details** | **Information** |
| --- | --- |
| Child’s full name |  |
| Current address |  |
| Gender  |  |
| Date of Birth |  |
| Ethnicity |  |
| Date of last attendance |  |
| **Parent 1**Name: Address (if different to pupil): Contact No:Email:  | **Parent 2**Name: Address (if different to pupil): Contact No:Email: |
| Is the pupil known to Children’s Services? Does the child have an EHCP? Is the child eligible for FSM?  | Yes/NoYes/NoYes/No |
| Name of Social Worker |  |
| Name of SEND Case WorkerPlease note that for children with an EHCP a part-time arrangement can not be agreed without a consultation with LA SEND service |  |
| Any other relevant information (SEND, safeguarding concerns, poor attendance, parent non-engagement, communication) |  |
| Are there any safeguarding concerns? |  |
| Has Specialist Teacher support been requested? |  |
| Is a medical plan attached? |  |
| What alternative provision has been agreed? |  |
| Is a reintegration plan attached setting out objectives/success criteria and duration of arrangement? |  |

| **Reason for flexi schooling arrangement** | **Information** |
| --- | --- |
| To assist pupil in engagement of a specific learning talent, i.e. Sports related etc. |  |
| To help a pupil manage school based anxiety |  |
| Reintegration after prolonged absence  |  |
| As part of a medical plan |  |
| Reintegration after period of school refusal |  |
| Other |  |
| Brief description of the Education / Learning being provided in place of full time education at school |  |

| **Team around the child** | **Information** |
| --- | --- |
| Has there been a team around the child meeting  | Yes / NoDate:  |
| Team Around the Child Meeting Attendance Details | Details: |

| **Name of attendees** | **Relationship to the pupil** | **Organisation / Family** |
| --- | --- | --- |
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To be agreed by parent / carer, Head Teacher and the Local Authority informed.

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**‘Flexi Schooling - School Name** - **initials of pupil’** – e.g. Flexi Schooling - Slough Secondary - JB

| **Signed** | **Name** |  **Relationship to Pupil** | **Date** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |