**Explanatory Notes for Completion of**

**Documentation for ALL Slough Permanent Exclusions**

**Please find below explanatory notes on the paperwork required to be completed, and when, for ALL notifications of Slough Permanent Exclusions.**

**Permanent Exclusions – the Local Authority, Governing Board and Social Worker (where appropriate) MUST be notified without delay**

For permanent exclusions the governing body must convene a meeting to consider reinstatement of the permanently excluded pupil within 15 school days of receiving notice of the permanent exclusion.

**NB**: If the pupil **does not** live within the Slough Local Authority, **the Headteacher must also advise the ‘home’ Local Authority of the exclusion** so that they can make arrangements for the pupil’s full-time education from and including the sixth school day of the permanent exclusion.

Please **fully** complete **ALL** sections of the Exclusions Form (EX1)and forward

**ON DAY 1** to

**Paula Doneghan, In-Year and Fair Access Team Leader**

[**Paula.doneghan@slough.gov.uk**](mailto:Paula.doneghan@slough.gov.uk) **and** [**fairaccess@slough.gov.uk**](mailto:fairaccess@slough.gov.uk)

**Permanent Exclusion Form – All Sections must be completed**

**SECTION A – School and Student Details:**

|  |  |  |
| --- | --- | --- |
| **excluding school:** | | |
| **forename of child:** | | **surname of child:** |
| **dob: dd/mm/yy** | **gender: male  female** | |
| **upn:** | | **year group:** |
| **address:** | | |
|  | | **post code:** |
| **SLOUGH LA Pupil:**  YesNo | **Other LA: (Provide details)** | |
| **Free School Meals (FSM) required:** | **Yes**  **No** | |

**SECTION B – Exclusion Details**

|  |  |  |
| --- | --- | --- |
| **Date of permanent Exclusion : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **date of discipline committee / reintegration meeting**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date 6th day provision is required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |
| **primary reason for exclusion (national category) – please cross one reason only** | | |
| **Use of Threat of an offensive weapon or prohibited item** | **Abuse against sexual orientation and gender identity** | |
| **Abuse relating to disability** | **inappropriate use of social media or online technology** | |
| **wilful and repeated transgression of protective measures in place to protect public health** | **physical assault against adult** | |
| **physical assault against pupil** | **bullying** | |
| **verbal abuse/threatening behaviour against pupil** | **racist abuse** | |
| **verbal abuse/threatening behaviour against adult** | **drug and alcohol related** | |
| **sexual misconduct** | **persistent or general disruptive behaviour .** | |
| **damage** | **Theft** | |
| **additional information (must be completed)** : | | |

**SECTION C – Monitoring Information:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ethnicity:** | **religion:** | | | | **home language:** | | | |
| **does the pupil have special educational needs? *if yes*, *please tick sen stage*** | | yes  no | | EHCP | | | under assessment | |
|  | | |  | |
| **is the pupil in public care?** yes  no  Public Care means either:   * The child is accommodated by a Local Authority, and placed with a foster carer or in a children’s home, or * The child is subject of a care order (s. 31 Children Act 1989) | | | | | | | | |
| **Does the pupil have a social worker**  **If yes / Social workers details** | | | yes  no  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **does the pupil have a psp / iep / pep (please attach)** | | | **psp** yes  no | | | **iep** yes  no | | **pep** yes  no |

**SECTION D – Contact Details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **school contact:** | **name:** | | | | **telephone number:** | |
| **parent/carer name:** | | | | | | |
| **contact telephone:** | | **home:** | **work:** | | | **mobile:** |
| **Email:** | | | | | | |
| **other contact details – name:** | | | | | | |
| **address:**  **post code:** | | | | | | |
| **contact telephone:** | | **home:** | **work:** | | | **mobile:** |
| **doctor’s surgery and telephone number** | | | | **any known medical condition:** | | |
| **address:** | | | | | | |
| **contact telephone:** | | | |  | | |

**SECTION E – Information for FAP Meeting:**

|  |  |
| --- | --- |
| **previous school(s), with dates:** |  |

**Primary:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **attendance** | **year 1**      % | | **year 2**     % | | **year 3**      % | | **year 4**      % | | **year 5**      % | | | **year 6**      % |
| **attainment summary:** | | **key stage 1:** | | | | **en level:** | | | | **ma level:** | | |
|  | | **key stage 2** | | **en level:** | | | | **ma level:** | | | **sc level:** | |

**Secondary:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **attendance** | **year 7**      % | | **year 8**      % | | | **year 9**      % | | **year 10**      % | | **year 11**      % |
| **attainment summary:** | | **key stage 3** | | | **en level:** | | **ma level:** | | **sc level:** | |
|  | | **key stage 4** | | | **en level:** | | **ma level:** | | **sc level:** | |
| **midyis band:** | | | | **yellis band:** | | | | | | |
| **current performance:** | | | | | | | | | | |

**previous Exclusion Details:**

|  |
| --- |
| **summary OF PREVIOUS EXCLUSIONS (INCLUDING DATES AND REASONS:** |

**agency involvement:**

|  |  |  |  |
| --- | --- | --- | --- |
| **early intervention involvement:** | **dates:** | **reason:** | **outcome:** |
| **behaviour support:** |  |  |  |
| **learning support:** |  |  |  |
| **camhs:** |  |  |  |
| **eps:** |  |  |  |
| **early Help / EWO** |  |  |  |
| **family support:** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **other agency involvement:** | **dates:** | **reason:** | **outcome:** |
| **outreach :** |  |  |  |
| **social care:** |  |  |  |
| **yot / police:** |  |  |  |
| **other:** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **school support strategies / intervention** | **dates:** | **outcome:** |
|  |  |  |

|  |
| --- |
| **parental involvement:** |

**conclusion / headteacher guidance: (MUST BE COMPLETED)**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **name of person completing form & designated post** (**block capitals)** |  | |
| **signature:** | | **date:** |

|  |  |  |
| --- | --- | --- |
| **Headteacher** |  | |
| **signature:** | | **date:** |

**Please note: This form must be signed by the Headteacher**

|  |
| --- |
| **Please send this form together with a copy of the letter sent to the pupil’s parent/carer to:**  **Paula Doneghan, In-Year and Fair Access Team Leader**  **Email:** [**paula.doneghan@slough.gov.uk**](mailto:paula.doneghan@slough.gov.uk) **and** [**fairaccess@slough.gov.uk**](mailto:fairaccess@slough.gov.uk) |