

New Student Referral Form

| Referring School | |
|------------------|------------|
| Current School | |
| School Address | |
| | Post Code: |
| Named Contact | |
| Contact Number | |
| Contact Email | |
| Finance Email | |
| Attendance Email | |

| Student Details | |
|---------------------------------|-------------------|
| Forename(s): | Surname: |
| Current Academic Year: | Date of birth: |
| Preferred name (if applicable): | Gender: |
| Ethnicity: | Primary Language: |
| Home Address: | |
| Post Code: | |
| UPN: | ULN: |

| | |
|---------------------------------|--|
| Student Contact Details: | |
| Home Telephone: | |
| Mobile Number: | |
| Email: | |

| | |
|-------------------------------------|---------------------------|
| Emergency Contact 1 Details: | |
| Title: | Relationship to employee: |
| Forename(s): | Surname: |
| Address (if different to above) | |
| Post Code: | |
| Home telephone: | |
| Work Telephone: | |
| Personal Mobile: | |

| | |
|-------------------------------------|---------------------------|
| Emergency Contact 2 Details: | |
| Title: | Relationship to employee: |
| Forename(s): | Surname: |
| Address (if different to above) | |
| Post Code: | |
| Home telephone: | |
| Work Telephone: | |
| Personal Mobile: | |

| Medical Needs: | |
|---|---|
| Will the Student need to receive any medical treatment during attendance? | Yes / No (if yes please provide details below) |
| Known Allergies: | |
| Dietary Requirements: | |
| Accessibility Requirements: | |
| Additional Information | |

| Absence Details (to be completed by Senior Leader) | |
|--|------------------------------------|
| First day of absence: / / | Last day of absence: / / |
| Number of total shifts absent: | Contracted total hours: |
| Occasions of absence: (Rolling 26 weeks) | Absence %: (Rolling 26 weeks) |

Employee signature: Date: / /

Senior Leader signature: Date: / /