

**DETAILS OF PERMANENT EXCLUSION**

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| **School Details** | | |
| **School** | **LA School Number** | **DfE School Number** |
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| **Type of School (Maintained, Foundation, Single Academy, MAT)** | **On roll date** | **UPN** |
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**In order to provide full-time education on the 6th day, schools must notify us of any permanent exclusion by email. This must be done on the day that the headteacher makes the decision to exclude. Email:** [**exclusions@hertfordshire.gov.uk**](mailto:exclusions@hertfordshire.gov.uk)

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| **Pupil Details** | | | | | | | | | | |
| **Pupil’s First Name** | | | | | **Pupil’s Surname** | | | | | |
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| **Date of Birth** | **Year Group** | | | | **Gender** | | | **Ethnicity** | | |
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| **Pupil’s Address** | | | | | | | | | | |
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| **SEND (tick most applicable box)** | | | | | | | | | | |
| **None** | | **SEN support** | | | | **EHC assessment** | | | **EHCP** | |
| **Date request EHC request submitted and current stage of statutory assessment** | | | | | | | | | | |
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| **Name of current SEND Case Worker** | | | | | | | | | | |
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| **Child Looked After**  **(CLA)** | | | **Not Looked After now but were previously Looked After** | | | | **If Looked After or Previously Looked After, please list Home LA if not Hertfordshire** | | | |
| **Yes/No** | | | **Yes/No** | | | |  | | | |
| **Name of CLA Advisory Teacher** | | | | | **Name of Social Worker** | | | | | |
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| **Parent Details** | | | | | | | | | | |
| **Name of Parent(s)/Carers(s) with parental responsibility** | | | | | | **Relationship to Pupil** | | | | |
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| **Parent(s)/Carer(s) Telephone Number** | | | | | | | | | | |
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| **Email address for parent** (Please ensure this is their current email address) | | | | | | | | | | |
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| **Contact Address if different from child’s address** | | | | | | | | | | |
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| **Permanent Exclusion** | | | | | | | | | | |
| **Start Date** | | | **Reason for Exclusion**  Delete as appropriate leaving one most applicable option Please be explicit about the reason | | | | | | | |
|  | | | PP – Physical assault against a pupil  PA – Physical assault against an adult  VP – Verbal abuse/ threatening behaviour against a pupil  VA – Verbal abuse/ threatening behaviour against an adult  OW – Use or threat of use of an offensive weapon or prohibited item  BU – Bullying  RA – Racist abuse  LG – Abuse against sexual orientation or gender identity  DS – Abuse relating to disability  SM – Sexual misconduct  DA – Drug or alcohol related  DM – Damage  TH – Theft  DB – Persistent disruptive behaviour  MT – Inappropriate use of social media or online technology  PH – Wilful and repeated transgression of protective measures in place to protect public health | | | | | | | |
| . Details of the Incident: -  *If, for example, the pupil has sworn at a member of staff, state what was said. If there has been violence used by the pupil, say what actually happened. We are now required by the Audit Commission and other agencies to supply reasons for exclusions and the use of terms like "aggressive behaviour" or "abusive language" is not clear. They do not give us a precise picture of the problems that a particular school is facing. If it is a drug related exclusion, do not use terms such as “illegal or illicit substance”, specify which drug. If the incident is weapon related, please advise what type of weapon and if it was used against someone.* | | | | | | | | | | |
| **If reason is for a criminal offence, have the police been informed?** | | | | | | | | | | |
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| **Suspensions issued prior to permanent exclusion? (please state number of days and if it was pending further investigation)** | | | | | | | | | | |
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| **Involvement from other professionals** | | | | | | | | | | |
| **Social Care** | | | |  | **IFST** | | | | |  |
| **Educational Psychologist** | | | |  | **School Nurse** | | | | |  |
| **Specialist Advisory Service** Early Years, SLCN & Autism, HI & VI, PNI | | | |  | **Police/ Youth Justice** | | | | |  |
| **Special School outreach** | | | |  | **SASH** | | | | |  |
| **ESC/PBS Outreach** | | | |  | **Youth Support Service** | | | | |  |
| **Other Please state:** | | | | | | | | | |  |
| **Please outline involvement and relevant contacts** | | | | | | | | | | |