

**Children Missing Education (CME)**

**CME School Referral Form**

**Referral to CME & Pupil Tracking Team to enable the Local Authority to**

**undertake Reasonable Enquiries on a child’s whereabouts.**

When schools should use this form

* Where pupils have stopped attending, attempts to make contact have not been successful, and where the destination of the child is not known.

When schools should NOT use this form

* Pupils who have stopped attending but have not moved are non-attenders NOT CME; they must remain on the school roll and be dealt with as non-attenders.

When is it appropriate to take a pupil off the school roll?

* 20 continuous unauthorised days absence, after both the school and local authority have tried to locate the pupil and Reasonable Enquiry has been undertaken. School to liaise with the CME & Pupil Tracking team at the Local Authority.

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| **Child’s Details:** | | | | | | | | |
| Name of Child: | | | | | | | Date of Birth: | |
| Address: | | | | | | | School Year: | |
| Gender: | |
| First Language:  Is an interpreter required (please highlight):  Yes / No | |
| **Family Relationships/Siblings:** | | | | | | | | |
| Name of Parent (s): | |  | | | | | | |
| Home Telephone: | |  | | | | | | |
| Mobile Telephone: | |  | | | | | | |
| Email address: | |  | | | | | | |
| Any emergency contacts: | |  | | | | | | |
| Have parent/Carers been informed of this referral? (please highlight): Yes / No | | | | | | | | |
| Other Family Members: | | | | | | | | |
| Name | | | DOB | | Relationship | Location (home, alternative address) | | School (if known) |
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| **School Details:** | | | | | | | | |
| Name of School: | | | | | | | Current % attendance:  Please enclose a copy of current attendance register | |
| Name of Referrer: | | | |  | | | | |
| Referrer Role: | | | |  | | | | |
| Referrer Telephone Number: | | | |  | | | | |
| Referrer Email address: | | | |  | | | | |
| **What is the primary reason for referring this child to your CME & Pupil Tracking Team? Please indicate where appropriate:** | | | | | | | | |
| Child has failed to take up a place at your school | | | | | | | | |
| Child’s whereabouts are unknown | | | | | | | | |
| Parent is fleeing domestic violence | | | | | | | | |
| Child/family is reported to have left the area | | | | | | | | |
| Child is reported to have left the UK with parents/carers | | | | | | | | |
| Child is reported to have left the UK without parents | | | | | | | | |
| Child has failed to return from an agreed holiday in term time | | | | | | | | |
| Child has failed to return from an unauthorised holiday in term time | | | | | | | | |
| Parents have taken child out of school for an extended period without school agreement | | | | | | | | |
| Child has failed to return after summer holidays and whereabouts are unknown | | | | | | | | |
| Other (please detail): | | | | | | | | |
| Please provide details of any specific safeguarding concerns you have: | | | | | | | | |
| Is there any known reason for not visiting the home alone? (please highlight): Yes/No  If Yes please give reasons: | | | | | | | | |
| **Details of enquiries made**: | | | | | | | | |
| Phone calls: | | | | | | | | |
| Dates: | Outcomes: | | | | | | | |
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| Home Visits: | | | | | | | | |
| Dates: | Outcomes: | | | | | | | |
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| Correspondence: | | | | | | | | |
| Dates : | Outcomes: | | | | | | | |
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| Friends and Family contacts/Social Media: | | | | | | | | |
| Dates: | Outcomes**:** | | | | | | | |
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| **Any other relevant information:** | | | | | | | | |
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| **Signed by Referrer:** | | | | | | **Date form completed:** | | |
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| **Completed forms should be sent to the CME & Pupil Tracking Team at:**  [childrenmissingeducation@solihull.gov.uk](mailto:childrenmissingeducation@solihull.gov.uk) or [cme@solihull.gcsx.gov.uk](mailto:cme@solihull.gcsx.gov.uk)  Tel: 0121 704 6663 or 0121 779 1767 | | | | | | | | |