

**Children Missing Education (CME)**

**Notification of a CME**

**in Solihull**

**Complete and return this form with details of the child who you believe to be residing in Solihull and does not have a school place and is not being educated otherwise.**

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| **CHILD DETAILS** |
| **FIRST NAME** |  |
| **SURNAME** |  |
| **GENDER** |  | **DOB** |  | **YEAR GROUP** |  |
| **CURRENT/ LAST KNOWN ADDRESS** |
|  |
| **PARENT’S NAME/PHONE NO** |  |
| **PREVIOUS SCHOOL** |  |
| **DATE LAST ATTENDED (if known)** |  |
| **NAME OF ANY KNOWN SIBLINGS AND THEIR SCHOOL** |  |

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| **DETAILS** |
|  Outline of circumstances: |

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| **YOUR CONTACT DETAILS** |
| **NAME** |  |
| **JOB TITLE** |  |
| **SCHOOL/ESTABLISHMENT** |  |
| **TEL NO** |  |
| **EMAIL** |  |

**Please return this form immediately to:** childrenmissingeducation@solihull.gov.uk or

cme@solihull.gcsx.gov.uk

**For further advice call: 0121 704 6663 or 0121 779 1767**