

**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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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: |

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

**Please return this form immediately to:** [childrenmissingeducation@solihull.gov.uk](mailto:childrenmissingeducation@solihull.gov.uk) or

[cme@solihull.gcsx.gov.uk](mailto:cme@solihull.gcsx.gov.uk)

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