**NOTIFICATION OF PERMANENT EXCLUSION**

**To be fully completed and returned on the day of the permanent exclusion to:**

[**exclusions@croydon.gov.uk**](mailto:exclusions@croydon.gov.uk)

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| **Name of School** |  | **Dfe No** |  |
| **Contact Person/ Position** |  | **Contact Tel: Number/ Email:** |  |

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| **Pupil Details** | | | | | | | | | |
| **Surname** |  | | | | | | | | |
| **First Name** |  | | | **Middle Name** | |  | | | |
| **Address** |  | | | | | | | | |
| **Postcode** |  | | | | | | | | |
| **UPN** |  | | | **Gender** | | Male | | Female | |
| **Date of Birth** | DD/MM/YY | **Year Group** | |  | | **Ethnicity** | Choose an item. | | |
| **Is the pupil in receipt of Free School Meals?** | | | Yes  No | | **Does the pupil attract Pupil Premium?** | | | | Yes  No |

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| **Parent/Guardian/Carer Contact Details** | | | | |
| **Parent/Guardian/Carer Details** | | Parent | Guardian  (e.g. Grandparent) | Carer |
| **Title** | Mr/ Mrs / Miss /Ms | | | |
| **Surname** |  | | | |
| **First name** |  | | | |
| **Telephone No** |  | | | |
| **Full Postal Address (if different from above)** |  | | | |
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| Are there any issues with home visiting this family that you are aware of? | Yes  No  Please provide any relevant details. | | | |

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| **Please provide details of any other person with Parental responsibility** | | | | | |
| **Parent / Guardian / Carer Details** | | Parent | Guardian  (e.g. Grandparent) | Carer |
| **Title** | Mr/ Mrs / Miss /Ms | | | |
| **Surname** |  | | | |
| **First name** |  | | | |
| **Full Postal Address (if different from above)** |  | | | |
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| **Telephone No** |  | | | |

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| **Permanent Exclusion Details** | | | | | | | | | |
| Date of Permanent Exclusion Notification | | | Click here to enter a date. | | | | | | |
| **Exclusion Reason (Please select one box)** | | | | | | | | | |
| **PP**  **PP** | Physical assault against a pupil | | | |  | | **SM** | Sexual misconduct |  |
| **PA** | Physical assault against an adult | | | |  | | **DA** | Drug and alcohol related |  |
| **VP** | Verbal abuse/threatening behaviour against a pupil | | | |  | | **DM** | Damage |  |
| **VA** | Verbal abuse/threatening behaviour against an adult | | | |  | | **TH** | Theft |  |
| **BU** | Bullying | | | |  | | **DB** | Persistent Disruptive Behaviour |  |
| **RA** | Racist Abuse | | | |  | | **OT** | Other |  |
| **Brief description of incident(s) leading to exclusion:** | | | | | | | | | |
| **Have the Police been informed/involved in connection with this Permanent Exclusion?** | | | | | | | | | |
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| **Attendance Data** | |
| Attendance % for the current academic year | % |
| Is the learner punctual? | Yes  No |
| Has there been any EWO involvement this academic year? | Yes  No |

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| **Pupil Needs** | | | |
| **Is the Pupil a looked after child?**  **If yes, please note the responsible local authority** | Yes | No | **Detail:** |
| **Is the pupil a Child in Need or on a Child Protection Plan? If yes, please provide the social workers name and email address** | Yes | No | **Name:**  **Email:** |
| **Does the Pupil have SEND**  **Please specify SEND type:** | Yes | No | **Detail:** |
| **Does the pupil have an EHCP?**  **If yes, please provide the Name and email address of the lead contact** | Yes | No | **Name:**  **Email:** |
| **Does the pupil currently receive in class support?** | Yes | No | **Detail:** |

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| **Agency Involvement** | |
| **Agency** | **Contact Name / Outcome/ Details** |
| YOS |  |
| Safer London |  |
| CAMHS |  |
| Educational Psychologist |  |
| Early Help |  |
| Other – Please specify |  |

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| **Education History (Previous schools)** | | | | | | | | |
| School/Provider:  Pastoral Contact:  Contact Number:  Dates:  Reason for Leaving: |  | | | School/Provider:  Pastoral Contact:  Contact Number:  Dates:  Reason for Leaving: | |  | | |
| **KS2 SAT’s** | **Predicted Grades** | | **Actual Results** | | **KS4 GCSE’s** | | **Predicted Grades** | |
| **English** |  | |  | | **English** | |  | |
| **Maths** |  | |  | | **Maths** | |  | |
| **Science** |  | |  | | **Science** | |  | |
| **KS4 Additional Information** | | | | | | | | |
| **Subject** | | **Exam Board** | **Course work completed to date (Please forward)** | | | | | **Predicated Grades** |
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| **Additional Information** | | | | | | | | |
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| **School’s Checklist – Please include the following information/documents with this form.** | |
| PSP/IEP Plan (if applicable) | Yes  No |
| EHC Plan (if applicable) | Yes  No |
| Pastoral Support Plan or Behaviour Plan (if applicable) | Yes  No |
| Most recent school report | Yes  No |
| Attitude to learning questionnaire | Yes  No |
| Copy of exclusion letter sent to parents/carers | Yes  No |

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| **ATTITUDE TO LEARNING** | | | | | | | | | | | | | | | |
| **Where 8 is ‘Excellent’ and 1 is ‘Completely Disengaged and/or Extremely Disruptive’, please score the learners *AVERAGE*** | | | | | | | | | | | | | | | |
| **1** | | **2** | | | **3** | | **4** | **5** | | **6** | | **7** | | **8** | |
| **POSITIVE CONTRIBUTION’S TO THE SCHOOL COMMUNITY (i.e. School council, sport, gifted & talented, performing arts)** | | | | | | | | | | | | | | | |
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| **BEHAVIOUR CONCERNS (Please select)** | | | | | | | | | | | | | | | |
| **Refusal to Comply** | | | |  | | **Disruption (learning centred)** | | |  | | **Disruption (outside of lesson time)** | | | |  |
| **Work Avoidance** | | | |  | | **Absconding** | | |  | | **Verbal Abuse (Peers/ Staff)** | | | |  |
| **Uniform** | | | |  | | **Physical Abuse (Peers/Staff)** | | |  | | **Dangerous/Risky Behaviour** | | | |  |
| **Other(s):** | | | | | | | | | | | | | | | |
| **BEHAVIOUR TRIGGERS (i.e. Times of day/week, subject, staff, peers, social, family, emotional, learning etc.)** | | | | | | | | | | | | | | | |
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| **KNOWN RISK (i.e. Criminality, Gang association/affiliation, Missing episode, CSE, Trafficking, FGM etc.)** | | | | | | | | | | | | | | | |
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| **BEHAVIOUR INTERVENTIONS (Action taken specifically to reduce behaviour concerns)** | | | | | | | | | | | | | | | |
| **Date** | | | **Behaviour** | | | **Intervention** | | | **Outcome** | | | | | | |
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| **EXCLUSIONS (Current academic year)** | | | | | | | | | | | | | | | |
| **Date** | **Specific Reason(s)** | | | | **FTE (Days)** | | | | | | | | **Perm** | | |
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