

## New to Care form



Please provide full details of child to enable a better understanding of his/her background, needs and abilities. This will aid a clearer understanding of the education provision/support required. To be completed by the School Admin or Designated Teacher. Once complete please email to the Virtual School.

|                         |  |                          |  |
|-------------------------|--|--------------------------|--|
| <b>CHILD'S SURNAME:</b> |  | <b>CHILD'S FORENAME:</b> |  |
|-------------------------|--|--------------------------|--|

|                            |     |  |    |                 |                             |
|----------------------------|-----|--|----|-----------------|-----------------------------|
| AKA:                       |     |  |    | GENDER:         |                             |
| DOB:                       |     |  |    | LAC START DATE: |                             |
| CHILD PROTECTION REGISTER: | YES |  | NO |                 | LEGAL STATUS:               |
| STATEMENT:                 | YES |  | NO |                 | TYPE (BESD, Learning, etc): |
| SEN SUPPORT                |     |  |    |                 |                             |
| SOCIAL WORKER:             |     |  |    |                 |                             |
| TEL:                       |     |  |    | EMAIL:          |                             |

### DETAILS OF CURRENT SCHOOL

|  |                   |              |                    |
|--|-------------------|--------------|--------------------|
| NAME:  |                   |              |                    |
| ADDRESS & POSTCODE:  |                   |              |                    |
| TEL:   |                   |              |                    |
| <b>Date previous school placement/education provision ended:</b> |                   |              |                    |
| NAME OF SCHOOL   | ADDRESS OF SCHOOL | LEAVING DATE | REASON FOR LEAVING |
|  |                   |              |                    |
|  |                   |              |                    |
|  |                   |              |                    |



|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

**New to Care form**

**PLEASE PROVIDE THE FOLLOWING KEY EDUCATIONAL INFORMATION:**

- Brief description of needs and concerns (if applicable):

**Attendance Record**

**Safeguarding concerns (CSE)**

**Exclusions Record – please give details**

**Agencies involved with the child**  
**Please indicate whether any of the following agencies are involved with the child**

|                      | Yes/No | Contact Name/ Tel No | Details |
|----------------------|--------|----------------------|---------|
| Education Psychology |        |                      |         |
| Education Welfare    |        |                      |         |
| Social Service       |        |                      |         |
| CAMHS                |        |                      |         |
| YOT Team             |        |                      |         |
| Health               |        |                      |         |
| PRU                  |        |                      |         |

COMPLETED BY: (name & role): \_\_\_\_\_

DATE: \_\_\_\_\_