

## London Borough of Haringey Form X

For exclusions of more than 5 days and permanent exclusions please return this form electronically to [marie.baker@haringey.gov.uk](mailto:marie.baker@haringey.gov.uk) **within 24 hours**. For all other exclusions, please send electronically as soon as possible, but before the end of term at the latest.

Excluding School:	
Name of pupil:	DOB: Year Group:
Address:	
Borough of residence:	
Contact telephone numbers:	
Type of Exclusion:	Permanent <input type="checkbox"/> Fixed Term <input type="checkbox"/>
Exclusion Start Date:	Exclusion End Date:
Number of days excluded:	
Brief description of the reason for exclusion:	
No. of fixed term exclusions in total this AY:	No. of days excluded in total this AY:
UPN:	Ethnicity:
Name of Referrer:	Date of Referral:
Key Stage 2 and 3 results:	
Attendance:	
FSM: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relevant Medical details:	

Supporting Information		
Most appropriate person to contact for information from excluding school:		
Telephone number and direct line:		
PSP: Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes please include)	IEP: Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes please include)	PEP: Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes please include)
Agencies involved		
Is this pupil subject to a Child Protection Plan: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give further details including name of key professional:	
Is this pupil a Child in Need: Yes <input type="checkbox"/> No <input type="checkbox"/>	Please give relevant details including name of key professional:	
Child in Care: Yes <input type="checkbox"/> No <input type="checkbox"/> Has child been in care in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Social Worker:	
Has the pupil/family been referred to the Early Help Team: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of lead professional: <i>If yes please, attach a copy of the referral</i>	
Special Educational Needs: Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>If yes, please indicate stage of SEN by checking the appropriate box in the next section</i>	SEN Support <input type="checkbox"/>	EHCP <input type="checkbox"/>
Police: Yes <input type="checkbox"/> No <input type="checkbox"/>	Youth Justice Service: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child and Adolescent Mental Health Service: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other agencies involved:		

The head teacher must, without delay, notify the governing body and the local authority of:

- a permanent exclusion (including where a fixed period exclusion is made permanent);
- exclusions which would result in the pupil being excluded for more than five school days (or more than ten lunchtimes) in a term; and
- exclusions which would result in the pupil missing a public examination or national curriculum test.

For all other exclusions the head teacher must notify the local authority and governing body once a term.

Information regarding current issues, plans and key professionals involved with the pupil is central to planning support and reintegration back to school.