

Exclusion details

Please return this form to Kate French – katefrench@educationfellowship.net as soon as possible after a decision to exclude has been made.

Name of Academy:

Initials of student:		Date of birth:	
Year Group			
Tutor Group/Class			
Student Status	FSM Y/N	PP: Y/N	LAC: Y/N EAL: Y/N
Special Needs status	None Y/N	SN support Y/N	Statement Y/N EHC Y/N
Contact with home made by (name of staff):			
Contact made with (name of parent/carer):			
Number of days exclusion			
First day of exclusion			
Final day of exclusion			
Date/Time of return to school			
Reason for exclusion			
Arrangements for setting work			
Arrangements for return	Time		
	Venue		
	Meeting with		
	Parents expected to attend? (Y/N)		
Will student return on a full or part time timetable? If part time please give details.			
Any other relevant details or observations to be included in letter?			
Form completed by		Date:	

