**Children Missing Education Referral Form**

**CME2**

This form must be completed by schools if enquiries lead the school to reasonably believe that the child will no longer be attending the school and do not have confirmation of their destination home and school details.

Schools must continue to undertake reasonable enquiries to identify the whereabouts of the child during this time, and regular communication between the school and the local authority carrying out these enquiries should continue until it is mutually agreed that enquiries have concluded or that there are no further actions the school can take.

Once completed, please email to [childrenmissingeducation@hounslow.gov.uk](mailto:childrenmissingeducation@hounslow.gov.uk) with any additional documents. Children Missing Education will then carry out further investigations.

If the child holds an EHCP, please ensure that the school have liaised with the SEN Case Officer.

**Part A:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child:** |  | **DOB:** |  |
|  |  |  |  |
| **Alternative surname(s):** |  | **UPN:** |  |
| **Year Group:** |  | **SEN Status:** |  |
| **Social Care Involvement:** |  | **Gender:** |  |
| **Ethnicity:** |  | **Refugee/ Asylum Seeker** |  |

**Parent/Carer Details:**

|  |  |  |
| --- | --- | --- |
| **Details:** | **Relationship to**  **child** | **Contact Details** |
| **Name:**  **Address:** |  | **Phone:**  **Email:**  **Other:** |
| **Name:**  **Address:** |  | **Phone:**  **Email:**  **Other:** |

**Destination details:**

|  |  |
| --- | --- |
| **New home address:** |  |
| **New School name and contact details** |  |
| **Circumstances leading to child becoming CME**  ***eg family have moved and not provided onward information required despite carrying out reasonable enquiries*** |  |

**Part B: Reasonable enquiries**

**In line with CME legislation, please complete all school reasonable enquires below before referring to CME. Referrals will only be accepted if the following checks have been undertaken by the school:**

|  |  |
| --- | --- |
| **Within First 3 Days:** | **Date completed and outcome** |
| **Check with all members of staff who the child/young person may have had contact with** |  |
| **Check with the pupil’s friends/ neighbours/ family** |  |
| **Telephone calls made to any numbers held in the school records. (if this is an automated system, please make telephone contact manually)** |  |
| **Attempt telephone contact with all known emergency numbers** |  |
| **Speak to other agencies that have been working with the family, eg Children Services, SEN** |  |
| **Check with any schools known to have siblings or relatives on their roll** |  |
| **Email parents and contacts on the school’s up to date contact form** |  |
| **Write to the address of both parents (if they live separately and it is appropriate to do so)** |  |
| **Contact school admissions or CME officer in new area to establish if an application has been submitted. (if applicable, using the LA CME Contact list)** |  |
| **Has any soft information been obtained?**  **e.g “We have heard they have moved to Scotland or other students say they have gone on holiday** |  |
| **Sent parents leavers form to complete** |  |
| **Obtained evidence out outbound travel if applicable (eg family moved overseas)** |  |
| **Conduct a home visit if you have been unable to successfully locate the child’s whereabouts and it is safe to do so. (if school have a member of staff who has a responsibility to conduct home visits) Speak to neighbours if possible.** |  |
| **Within days 3-10:**  **3-10:** |  |
| **Speak to your School Attendance Support Officer (SASO) if referred to them or for advice** |  |
| **Refer to the School Attendance Support Service (SASS) for a contact visit if no contact has been made by parent and reason for absence unknown via portal** |  |
| **Carry out joint enquiries with LA CME officer** |  |

**Referrer Details:**

|  |  |
| --- | --- |
| **Name of school** |  |
| **Name of referrer** |  |
| **Referrer position/job title:** |  |
| **Referrer contact details** |  |
| **Referral date** |  |