# SERVICES TO HOME EDUCATORS

# Elective Home Education

## Section 1: Your Child/ren

### Child 1

###

Child’s name:

Date of birth:

Educator’s name:

Relationship to the child (please delete as appropriate):

Parent / Guardian / Tutor

Education provider contact details:

### Child 2

###

Child’s name:

Date of birth:

Educator’s name:

Relationship to the child (please delete as appropriate):

Parent / Guardian / Tutor

Education provider contact details:

### Child 3

###

Child’s name:

Date of birth:

Educator’s name:

Relationship to the child (please delete as appropriate):

Parent / Guardian / Tutor

Education provider contact details:

## Section 2: Current Contact Information

### Parent/Guardian 1:

Forename:

Surname:

Relationship to child:

Does this parent/guardian have parental responsibility for the child? (Please delete as appropriate)

Yes / No

Address:

Postcode:

Email:

Phone (Home):

Phone: (Mobile):

Which method/s you would prefer to be contacted? (Please delete as appropriate)

Home / Mobile

### Parent/Guardian 2:

Forename:

Surname:

Relationship to child:

Does this parent/guardian have parental responsibility for the child? (Please delete as appropriate)

Yes / No

Address:

Postcode:

Email:

Phone (Home):

Phone: (Mobile):

Which method/s you would prefer to be contacted? (Please delete as appropriate)

Home / Mobile

### Other contact:

Forename:

Surname:

Relationship to child:

Does this parent/guardian have parental responsibility for the child? (Please delete as appropriate)

Yes / No

Address:

Postcode:

Email:

Phone (Home):

Phone: (Mobile):

Which method/s you would prefer to be contacted? (Please delete as appropriate)

Home / Mobile

### Section 3: Special Educational Needs

|  |
| --- |
| Does your child have any difficulties or needs that may be affecting their learning? (Please delete as appropriate) Yes / NoIf ‘Yes’ please give details. These needs may or may not be diagnosed.  |

#### Section 4: Elective Home Education Provision – Enquiry Questions

|  |
| --- |
| What is planned in terms of home education? How will it be provided? |
| Please describe what you believe will be the typical week of activities (how many lessons will there be each day, how long will these last)? |
| How will you ensure that your child has access to social activities and opportunities to interact with peers?Does your child attend any clubs, sporting or leisure activities? |
| Is your child being prepared for any national Ukrainian qualifications? (Please delete as appropriate)Yes / NoIf ‘Yes’ please give details of the subject and the qualification he or she is working towards:Have any arrangements been made for an examination entry? (Please delete as appropriate)Yes / No |
| If you would like further guidance on this, please let us knowIs there any specific area that you feel you would like advice or support with or anything else you would like to tell us?  |

##### Section 5: Consent

**I\*/We confirm my/\*our child is electively home educated** (Please delete as appropriate)

Signed Parent/Carer 1:

Name (please print):

Date:

Signed Parent/Carer 2:

Name (please print):

Date:

If you would like to return your form by post, please send it to us at the following address:

Services to Home Educators

Children’s Services

County Hall

Martineau Lane

Norwich NR1 2DH