

**FAIR ACCESS REFERRAL FORM**

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| **Referring School** |  | | |
| **Pupil name** |  | | |
| **Pupil address** |  | | |
| **DOB** |  | **Year Group** |  |
| **Reason for changing school** |  | | |

I am referring this pupil to Torbay Council as a Fair Access pupil. The pupil meets the following fair access criteria *(please indicate as appropriate):*

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| **Torbay Fair Access Criteria** | **X** |
| Children from the criminal justice system or PRUs/alternative provision who need to be reintegrated into mainstream education |  |
| Children who have been out of education for two months or more  *Provided the parents can demonstrate that, during the required period, they were actively seeking a school place and that they were living in the UK.* |  |
| Children of Gypsies, Roma, Travellers, refugees and asylum seekers |  |
| Children who are homeless (including children living in refuges) |  |
| Children with unsupportive family backgrounds for whom a place has not been sought |  |
| Children who are carers |  |
| Children with SEN, disabilities or medical conditions (but without a Statement) |  |
| Children with a child protection plan in place |  |
| Children who were permanently excluded from their last maintained school placement and who are ready for re-integration to an alternative school |  |
| Children returning to school following a period of unsuccessful elective home education |  |
| Children of Service Personnel resettling into the area immediately on discharge |  |
| Children whose parents have been unable to find them a place within statutory walking distance after moving to the area, because of a shortage of places and where normal admission processes have been unsuccessful |  |
| Children who have been refused a place at a school because they are believed by the school concerned to be challenging |  |

**Information about your school *(Secondary schools – please read ‘class’ as year group)***

|  |  |
| --- | --- |
| No. in class |  |
| How year group is organised |  |
| No. in class this pupil would join |  |
| No. of EHCPs in class |  |
| No. of SEND support in class |  |
| No. of EAL in class |  |
| Support available in the class |  |
| Additional information about this year group |  |

**Information about the pupil**

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| What is it specifically about this child that means your school could not meet their needs but another school could? |
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| What changes could you make to enable you to admit this child? |
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| Please give any further information you would like the Panel to consider |
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|  |  |
| --- | --- |
| **NAME** |  |
| **ROLE** |  |
| **DATE** |  |

***Please e-mail this form to*** [***pupilpanels@torbay.gov.uk***](mailto:pupilpanels@torbay.gov.uk)