

PUPIL REFERRAL FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s First Name: |   | DOB:  | **NC Yr:**  |
| Child’s Last Name: |  | Gender:  | **UPN:** |
| Address: |  | Mother’s name: | **Tel:** |
| **Previous address:** |  | Father’s name: | **Date of arrival in Bury:** |
| **Home language(s):** | **Nationality:**  | **Ethnicity Code:** |
| **Country of birth:** |
| **Language(s) of previous education:** | **Information about previous schooling / literacy:** | **School reports available (copies):** |
| School: |   |
| **Date started school:**  | **Date form completed:**  |
| Name of person referring:   |
| Nature of referral: (please tick) | Asylum Seeker with ARC identification |  | Refugee  |   | International New Arrival |  |
| Relevant family details: |  |
| Action to be taken: |  |
| Date support started. |   |