

Leamington Vineyard Learning Centre

New Student Referral Form

The Student			
Name:		Preferred Name (if different):	
DOB:	/ /	School Year Group:	M / F
Home Address:			
		PostCode:	
ULN:		UPN:	

Parents/Carers			
Name:			
Tel No:		Email:	
Home Address:			
		PostCode:	

Other Emergency Contact			
Name:			
Tel No:		Email:	

School			
School Liaison Officer:			
Tel No:		Email:	
Designated Person for Safeguarding in school			
Tel No:		Email:	
School Address:			
		PostCode:	
School attendance %:		No. of exlusions:	

Behaviour Issues	
Does the student have any behavioural diagnoses?	Y / N
If yes, please give details below.	

Behaviour Issues

Are there any previous behaviours we should be aware of eg. violent or aggressive behaviour, risk to other students, trigger points to avoid, strategies to employ?

Does the student engage in substance or alcohol abuse?

Y / N

If yes, please give details below.

Health Issues

Does the student use...

...an inhaler?

Y / N

...an epipen?

Y / N

Are there any other medical issues or diagnoses we should be aware of (eg. allergies/prescriptions)?

Other Information

Is the student eligible for Free School Meals?

Y / N

Is the student working with any other agencies or professionals?

Y / N

If yes, please give details below.

Is the student a 'looked after' child?

Y / N

If yes, please give details below.

Does the student have SEN?

Y / N

If yes, please give details below.

Is the student on the 'at risk' list?

Y / N

Other Information	
If yes, please give details below.	
Does the student have a social worker?	Y / N
If yes, please give details below.	
Name:	
Email:	Phone:
Are there any family circumstances we should be aware of?	
Does the student have any other additional needs we should be aware of?	

	Exam Board and Specification	KS2 SATS Results	KS3 Attainment	Current Grade	Target Grade
English Language					
English Literature					
Maths					

For English Literature, please indicate below what books the student is studying, and circle details of progress as appropriate. This helps to ensure that there is efficient overlap of studies and that students are fully prepared for their exams.

	Name of text	Already studied	To study in school	To study at LVLC
19th Century Novel		Y / N	Y / N	Y / N
Shakespeare		Y / N	Y / N	Y / N
Modern Prose/Drama		Y / N	Y / N	Y / N
Poetry Cluster		Y / N	Y / N	Y / N

Reason for attending LVLC

Student Risk Assessment

Area of Risk	Level of risk			Further details and action to minimise risk
	Low	Medium	High	
Verbal aggression				
Physical aggression				
Wandering off/ absconding				
Offending behaviour				
Self-harming behaviour				
Medical issues				
Substance/drug misuse				
Sexualised behaviour towards other children				
Allegations				
Problems when transporting child				
Other:				
Activities to be avoided:				
Communication needs				
Comments				

Signed		Role	
Date of Referral	/ /		