

**Possible Pupil Missing from Education - Referrals for joint enquires**

This form should be completed when the whereabouts of a child is unknown, and school has conducted all reasonable checks to establish whereabouts.

Once completed, please email to [cme@norfolk.gov.uk](mailto:cme@norfolk.gov.uk) with any additional documents. A CME Officer will then be allocated to the child and further investigations will be conducted.

**Please do not remove the child from roll until removal has been agreed by the CME team.**

**Child Details:**

|  |  |
| --- | --- |
| Child’s FORENAME: |  |
| Child’s SURNAME: |  |
| Ethnicity: |  |
| First Language: |  |
| Unique Pupil Number (UPN): |  |
| Date of Birth: |  |
| Gender: |  |
| Current Address: |  |
| Parent/Carer (1) Name: |  |
| Parent/Carer (1) Address: |  |
| Telephone Number |  |
| Email Address |  |
| Parent/Carer (2) Name: |  |
| Parent/Carer (2) Address: |  |
| Telephone Number: |  |
| Email address: |  |
| Emergency Contact details provided in pupil registration: |  |

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| --- |
| **Reason for Referral** |
|  |

**Referrer Details:**

|  |  |
| --- | --- |
| Name of School: |  |
| Name of Referrer: |  |
| Referrer Position/Job Title: |  |
| Referrer Email Address: |  |
| Referrer Telephone Number: |  |
| Referral Date: |  |
| Last day of attendance: |  |

**Please provide information below regarding attempts to contact the family within the last 10 days: please note if these checks are not complete or evidence of attempts to gain information not provided, your referral will be returned.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL CHECK:** | **DATE(S)** | **OUTCOME** | **COMPLETED BY** |
| Phone call – parent |  |  |  |
| Email to parent |  |  |  |
| Letter sent |  |  |  |
| Home visit made |  |  |  |
| Sibling schools contacted |  |  |  |
| Phone call - Emergency Contacts |  |  |  |
| Contact with other agencies involved with family |  |  |  |
| In school enquires |  |  |  |
| Any other additional information relevant to this referral: |  | | |