PUPIL REFERRAL FORM JULY 2026

JULY 2026

HOME SCHOOL DETAIL	
Name of Referring School:	
Name of Person Making the Referral (including Title)	
Date of Referral:	
Address: Email: Direct Line: Mobile:	
By sending this referral The Aspire Academy understands that you, the home school, have sought permission from parents/carers and the child to share the below information and that you, the person making the referral has seen and read the service level agreement 2025.	

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PUPIL'S PERSONAL DETAILS		
Name:		Male / Female:
Address:		
Date of Birth:	Year Group:	Ethnicity:
UPN:		
Does the pupil receive (please delete as appropriate): Pupil Premium: Yes / No FSM: Yes / No FSM6: Yes / No **Forces Premium: Yes/ No**		
Is the pupil a Young Carer? Yes / No (please delete as appropriate)		

PARENT/CARER DETAILS		
Name of Parent/Carer:		
Relationship to pupil:		
Parental Responsibility:	**Yes / No**	Yes / No
Address:		
Home Telephone Number: **Mobile Number:** **Email:**		

ALTERNATIVE CONTACT	
Name:	Relationship to pupil:
Address:	Home Telephone: Mobile Number:

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COMMISSIONING ARRANGEMENT: REASON(S) FOR THE REFERRAL & INTENDED TARGETS **(These will form the basis of the regular review and feedback process)**	
REASONS	TARGETS

Can the pupil return? Yes / No (please delete as appropriate)

If no, has the pupil and parent/carer been informed of this?

If YES What specifically does the pupil have to demonstrate in reviews to return. Please provide targets and measures/evidence:

1.
2.
3.
4.

Historic Issues with pupils from school/other schools? Yes / No (please delete as appropriate)

SUSPENSIONS	
Reason/Date:	No of Days:
Reason/Date:	No of Days:
Reason/Date:	No of Days:
Reason/Date:	No of Days:
Reason/Date:	No of Days:

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Has the pupil been subject to a Managed Move or Offsite Direction? Yes / No (please delete as appropriate) If yes, please provide details:
Is the pupil currently subject to a PSP? Yes / No (please delete as appropriate) If yes, please provide copies, including older PSP's and outcomes.
Does the pupil have access arrangements for examinations? Yes / No (please delete as appropriate) If yes, please include a copy of Form 8. **If no, do they need access arrangements to be applied for? Yes / No** (please delete as appropriate)

MEDICAL DETAILS

Please ensure this section is completed before returning the referral form

Dietary Requirements	**Yes / No** (please delete as appropriate) **If yes, please provide details:**
Medical Needs Allergen Information Medication Prescribed (please include name of medication)	**Yes / No** (please delete as appropriate) **If yes, please provide details:** Yes/No **Yes / No** (please delete as appropriate)

SEND REQUIREMENTS

Please ensure this section is completed before returning the referral form

Name of SENDCo: Phone Number:
Email Address:
Has the referral been discussed with the SENDCo? Yes/No
Has **ALL** information related to this pupil been passed on with this referral? YES/NO
If **NO**. The referral cannot proceed. Please provide **ALL** information.

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What SEN support or intervention has this pupil received? Any Tier 1 interventions from Alternative Provision? 1. 2. 3. 4.
H*as the pupil undertaken an SEMH baselining assessment? Boxall or SDQ? Yes/ No* *If yes, please provide details and attach the relevant paperwork?*
Please attach all information from the last three months that could contribute to an EHC plan from your last Assess, Plan, Do review cycle.
EHCP: Yes / No (please delete as appropriate) If No, please provide a rational as to why this has NOT been explored/initiated?
Funding Band: Casework Officer name and contact details: Has the Casework Officer been informed of this referral?: Yes / No (please delete as appropriate) Date of last Annual Review: Date of next Annual Review:

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Please provide details of the pupil's SEND needs and which category they fall under (Cognition & Learning, Communication & Interaction, Social, Emotional & Mental Health, Sensory & Physical). Does the pupil have an existing diagnosis? Yes / No (please delete as appropriate) If yes, please provide details.

AGENCIES INVOLVED **Please ensure this section is completed before returning the referral form** (please attach any recent reports or information)	
Educational Psychologist:	Referral made: Yes / No (please delete as appropriate) Date:
Behaviour Support:	Referral made: Yes / No (please delete as appropriate) Date:
CAMHS:	Referral made: Yes / No (please delete as appropriate) Date:
Umbrella Pathway:	Referral made: Yes / No (please delete as appropriate) Date:
ADHD Referral to Community Paediatrician:	Referral made: Yes / No (please delete as appropriate) Date:

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SAFEGUARDING/CHILD PROTECTION **Please ensure this section is completed before returning the referral form and that a discussion has been held between both schools DSL's**	
Are there any current or historic child protection/safeguarding issues? Yes / No (please delete as appropriate) Is the child on a Child Protection Plan/ CIN Plan or receiving Early Help Support? (please identify)	
Designated Safeguarding Lead Name:	**Contact Number:** **Email:**
Any Contextual Safeguarding risks?	
Social Worker Name:	**Contact Number:** **Email:**
Family Support Worker:	**Contact Number:** **Email:**
Get Safe Worker:	**Contact Number:** **Email:**
Other professional(s) involved: Title/Role	**Contact Number:** **Email:**
Has the Family ever been referred to the Family Front Door? Yes / No (please delete as appropriate)	
Youth Offending Service	**Yes / No** (please delete as appropriate and provide details)
Has the pupil received any cautions or subject to Anti-Social Behaviour orders or restraining orders?	**Yes / No** (please delete as appropriate and provide details)
Has the pupil been affected by the imprisonment of a significant family member?	**Yes / No** (please delete as appropriate and provide details)

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ATTAINMENT **Please ensure this section is completed before returning the referral form**	
Current Attendance	
Current Reading Age	
If Reading age is low what interventions have there been put in place?	
What 'early reading' has taken place?	
What 'additional reading' has taken place?	
Is the pupil engaging in an early reader reading scheme?	Yes/No If yes, which one?
What reading progress has been made in the last three months?	
Current Academic Levels (attach reports if possible)	
Pupil Targets	
Name of Previous Primary, First, Middle and Secondary School: (please list previous schools with dates for last 5 years)	
Gaps in provision:	If there are any gaps in education in the last 5 years please provide an explanation.
KS2 SATs results	

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Please attach any Transition information received from the last school, including from special, primary, first, middle or secondary schools.	
Is transition information attached with this referral	**Yes / No**
CAT scores	

Please ensure that a copy of latest school report attached to enable the referral to continue? Yes / No (please delete as appropriate.

Please paste the tutor/head of year comment here.

CAREERS

Please ensure this section is completed before returning the referral form

Has pupil received any Careers advice? Yes / No (please delete as appropriate) Please provide dates.

Employer Encounters	
Educational Encounters	
Attending any days of Work Experience	Company Name: Contact Name and Number: How many days have they attended?

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1. Year 11 – Post 16 destination known?	*Please provide details*
2. Has pupil completed a college application?	**Yes / No Date completed:**
3. Has pupil attended a college interview?	**Yes / No Date attended:**

Mental Health and Well Being **Please ensure this section is completed before returning the referral form**	
What Mental Health interventions has the pupil received?	
Has the pupil been referred to the CCAS panel? **YES/NO**	**If Yes, what was the outcome? (please include any written feedback from the panel)**

KEY CONTACTS

Staff Name	Title	Email
Simon Stevenson	Head Teacher	sstevenson@theaspireacademy.org.uk
Andrew Phillpots	Deputy Head Teacher	aphillpots@theaspireacademy.org.uk
Richard Rainbird-Hitchins	Assistant Head Teacher/Designated Safeguarding Lead	Rrhitchins@theaspireacademy.org.uk
Lewis Thomas	Director of Operations/Careers Lead	lthomas@theaspireacademy.org.uk

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Beata Payne	SENDCo	bpayne@theaspireacademy.org.uk
Megann McStay	Assistant SENDCo (Outreach)	mmcstay@theaspireacademy.org.uk
Jodi Ryan	Assistant SENDCo	jryan@theaspireacademy.org.uk
Nick Bruton	Head of Year 10	nbruton@theaspireacademy.org.uk
Joanne Weston	Head of Year 11	jweston@theaspireacademy.org.uk
Claire Windsor Peplow	Head of Year 7, 8 and 9	cwindsorpeplow@theaspireacademy.org.uk
Elizabeth Milroy	Examinations Officer	emilroy@theaspireacademy.org.uk
Louise Laing	Finance and HR Manager	llaing@theaspireacademy.org.uk
Samantha Brazier	Attendance Officer	attendance@theaspireacademy.org.uk
Deborah Slade	Admissions	dslade@theaspireacademy.org.uk
Rebecca Chapman	Pastoral Administrator	rchapman@theaspireacademy.org.uk
Zoe Kingston	Mental Health & Well being Lead	zkingston@theaspireacademy.org.uk

DISCLAIMER

IMPORTANT! PLEASE USE THE MOST RECENT VERSION OF THE REFERRAL FORM AS REFERRALS MADE USING OLDER FORMS WILL BE RETURNED AND NOT PROCESSED.

Once assessed and confirmed as a pupil with The Aspire Academy, we expect to receive FULL safeguarding documentation. Please note that any documentation sent MUST be done so by secure transfer method.