**Return to Home School LA Notification Form**

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| --- | --- |
| **Pupil Name** |  |
| **Year Group** | **DOB** |
| **Home School** |  |
| **Home School Contact** |  |
| **Alternative Provision / Off-Site Direction School** |  |
| **Alternative Provision / Off-Site dates** | **Start Date:** |
|  | **End Date:** |
| **What interventions have taken place to support the child?**  |
|  |

**Please return completed form to** **Inclusion@nelincs.gov.uk**