**NOTIFICATION OF SUSPENSION OF A REGISTERED PUPIL “FIXED TERM”**

To : **Exclusions Admin, CYPS, County Hall, Northallerton, North Yorkshire, DL7 8AE**

From : The School ……………………………………………… DfES No: ………………..

## PUPIL DETAILS

1. Name of pupil ……………………………………………… DoB ...…………………. Gender M/F

 Year Group …………. Date of admission to school ……………… UPN ….…………….………..

1. Ethnic Group (Please tick appropriate box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White** |  | **Tick** | **Asian or Asian British** |  | Tick |
| British | WBRI |  | Indian | AIND |  |
| Irish | WIRI |  | Pakistani  | APKN |  |
| Traveller of Irish Heritage | WIRT |  | Bangladeshi | ABAN |  |
| Gypsy/Roma | WROM |  | Any other Asian background | AOTH |  |
| Any other white background | WOTH |  | **Black or Black British** |  |  |
| **Mixed/Dual Background** |  |  | Caribbean | BCRB |  |
| White and Black Caribbean | MWBC |  | African | BAFR |  |
| White and Black African | MWBA |  | Any other Black background | BOTH |  |
| White and Asian | MWAS |  | **Any other ethnic group** |  |  |
| Any other mixed background | MOTH |  | Any other ethnic group | OOTH |  |
| **Chinese** |  |  | Refused | REFU |  |
| Chinese  | CHNE |  | **Information not yet obtained** | NOBT |  |
|  |  |  |  |  |  |

**Travellers Family - Yes/No\* Looked after - Yes/No\* Service child - Yes/No\***  **Eligible to Free School Meals – Yes/No\***

1. Home address…………………………………………………...………………………………….………………………
2. Name of Parent/Guardian ……………………………………………….. Tel …………………………………………...

Parents e-mail address if known…………………………………………………………………………………………..

1. Name of Foster Parent/Social Services Officer (where appropriate) ………………………….………………………
2. Address (if different from above) …………………………………………………….……….…….……………………..
3. Any previous suspension this academic year ……………………….…………………………………………………...

## THIS TYPE OF SUSPENSION IS FIXED TERM

1. This pupil was suspended from school on ……………………………….. at …………………….... for a period of …………………….. days and may return to school on ……………………………….……………………………….

IF THE SUSPENSION IS FOR 6 OR MORE DAYS (not including lunchtime suspensions)

1. Is transport required to alternative provision YES/NO
2. Can the young person access public transport to alternative provision (i.e. bus/train) YES/NO
3. The effect of this suspension will be to cause:
\* the young person to have been suspended for more than fifteen days this term (**PDC meeting required)**
\* the pupil to lose an opportunity to take a public examination on/between …………….…………………..
4. The reason for the pupil’s suspension is: (Please use appropriate code See appendix 10)

 **(More than one code may be appropriate but (Please show primary code first)**

1. This pupil is/ is not\* on the School’s Special Needs Register:-
 **School Support (K) - Yes/No\* EHCP - Yes/No\***  (Please mark as appropriate)

Please attach copies of the following or indicate whether to follow

* the letter informing the parent(s), (which was sent by post/hand of the pupil/other means\*)
1. Details of arrangement for setting and marking work. This information needs to be available to

parent/carer, LA and all members of governing body pupil disciplinary sub-committee meeting.

Signed: ………….………………………………………………. Headteacher Date: …………………………….………

 **\* Please delete as appropriate**

**NB – Children in Care should not be suspended without discussion with the LA and suitable alternative provision from Day 1.**