# EXF – FIXED TERM EXCLUSION 2019-20

**This form, along with a copy of the letter to parent/carer, should be emailed immediately to: Exclusionsteam@ealing.gov.uk**

School:

Pupil’s first name:       Surname:

Date of Birth:       Gender: Male  Female  Year Group

Name of parent/carer:

Address:

Postcode:

Telephone:

Home:

Work:

Mobile:

Home Borough (if not Ealing):

Ethnic Origin:

White Black/ Asian/ Mixed/ Other

Black British Asian British Dual

## EXCLUSION DETAILS

Exclusion Type (Fixed-term or Lunchtime)       Number of sessions:

(2 sessions per day. 1 = morning, 1 = afternoon)

First day of exclusion:       Last day of exclusion:

**For all exclusions of 12 or more sessions**:

* Start date of alternative provision:
* Brief details of nature and location of alternative provision:

Will the exclusion affect the pupil’s opportunity to sit public examinations? Yes:  No:

Reason for exclusion:

[For statistical purposes please indicate here if the incident involved an OFFENSIVE WEAPON]

SEN:

Child Protection Plan? Yes:  No:

If yes, Social Worker informed of exclusion Yes:  No:

****LAC (Looked after child) Yes:  No:

Traveller? Yes:  No:

Ever 6\* FSM (Free School Meals)? Yes:  No:

\*Has pupil been entitled to FSM at any point within the last 6 years?