# EXP - PERMANENT EXCLUSION 2019-20

**This form, as well as the exclusion letter to the pupil’s parent/carer, should be emailed immediately to:** [**Exclusionsteam@ealing.gov.uk**](mailto:Exclusionsteam@ealing.gov.uk)

School:

Pupil’s first name:       Surname:

Date of Birth:       Gender: Male  Female  Year Group

Name of parent/carer:       Relation to young person:

Address:

Postcode:

Telephone:

Home:

Work:

Mobile:

Home Borough (if not Ealing):

Ethnic Origin:

White Black/ Asian/ Mixed/ Other

Black British Asian British Dual

First day of exclusion:

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]

Has the pupil had any previous fixed-term exclusions? Yes:  No:

[If YES: Number of incidents:      Total number of days:

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 the pupil been entitled to FSM at any point in the last 6 years?