

## PUPIL EXCLUSION NOTIFICATION FORM

Please note that schools should complete A-E inclusive for all exclusions (including lunchtimes) and return the form with a copy of the Headteacher's letter to parents/carers to the Area Pupil Access Team. For permanent exclusions, and fixed exclusions of over 5 days/10 lunchtimes, papers should be sent via e-mail shown at the bottom of the page. Please note that the information held on this form is for the processing of an exclusion from school. If necessary, this will be shared with an alternative educational provider Under Section F of the form.

Prior to excluding, Headteachers must have regard to the DFE guidance issued in September 2017.

<b>A</b>	<b>SCHOOL DETAILS</b>		
	School Name: <b>RANGE HIGH</b>	No:	Tel: <b>DPA</b>

  

<b>B</b>	<b>PUPIL DETAILS</b>		
	Pupil Name: <b>AXEL RUDAKUBANA</b>	Unique Pupil No:	<b>DPA</b>
	Gender: <b>MALE</b>	Date on roll:	<b>04.09.17</b>
	Pupil Address: <b>10 OLD SCHOOL CLOSE PR9 8SB</b>	Post Code:	<b>PR9 8SB</b>
	Date of Birth: <b>07.08.06</b>	ULN:	<b>DPA</b>
	Name of Parents: <b>LAETITIA MUZAYIRE ALPHONSE RUDAKUBANA</b>	School Year Group:	<b>9</b>
	Is this a Looked After Child: <b>NO</b>	Tel:	<b>DPA</b>
	If so which Local authority is he/she in the care of?	<b>(Please ensure this is up to date)</b>	
	Name/Contact Number for Social Worker		
	Previously permanently excluded from another school?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	Traveller Education Services involvement?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	SEN Status: <b>NA</b>		
	SEN Category		
	Contact 1: Parental Responsibility		
	Contact 2: Parental Responsibility		
	Could this child be considered to have a disability?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	Ethnic Origin: <b>BLACK AFRICAN</b>		

  

<b>C</b>	<b>EXCLUSION DETAILS (TYPE AND DURATION OF EXCLUSION)</b>		
	(NB only 45 days of fixed exclusions per pupil per school year are permitted. Lunchtimes count as ½ day fixed exclusion.)	Exclusion Type:	<b>PERMANENT</b>
		First day/date:	<b>09.10.19</b>
		Last day/date:	<b>NA</b>
	<b>SCHOOLS MUST ENSURE THAT ALL THOSE WITH PARENTAL RESPONSIBILITY ARE INFORMED ABOUT EACH EXCLUSION (INCLUDING CARERS AND SOCIAL WORKERS FOR CHILDREN IN PUBLIC CARE – LAC)</b>	Date of return:	
		Total days (this exclusion):	
		Total days (this school year):	

**D EXCLUSION DETAILS (continued)**

Specify the main type of behaviour which led to the exclusion:

**Reason for Exclusion (Mandatory)**

**Additional Exclusion Reason (Optional)**

**Code**

Drug advisor/Co-ordinator Involved	DRUG	<input type="checkbox"/>
First or One-off incident	ONEOF	<input type="checkbox"/>
IT Abuse	ITA	<input type="checkbox"/>
Logged as Racial Abuse	RAC	<input type="checkbox"/>
Police Involved	POLIC	<input type="checkbox"/>
Use of Weapon	WEAP	<input checked="" type="checkbox"/>

Comments/description of final incident:

AXEL ADMITTED TO BRINGING IN A KNIFE TO SCHOOL ON TEN OCCASIONS.  
HE SAID IT WAS TO 'STAB SOMEONE' - CONTINUED BELOW.

**E SUPPORT PRIOR TO EXCLUSION**

- |   |                          |                                     |
|---|--------------------------|-------------------------------------|
| a Support for final EHC Plan                | <input type="checkbox"/> | Date of annual/interim review       |
| b Formal referral to Children's Social Care | <input type="checkbox"/> | Date of referral:                   |
| c Report from Education Psychologist        | <input type="checkbox"/> | Date of referral:                   |
| d IEP produced and used by school           | <input type="checkbox"/> | Date of implementation/last review: |
| e Personal Education Plan (PEP)             | <input type="checkbox"/> | Date of implementation/last review  |
| f Pastoral Support Programme (PSP)          | <input type="checkbox"/> | Date of implementation/last review  |
| g Managed move                              | <input type="checkbox"/> |                                     |
| h Alternative School tried                  | <input type="checkbox"/> |                                     |
| i Other support- please give details:       |                          |                                     |

NONE OF ABOVE AS THIS SERIOUS CONCERN WAS ONLY ALERTED TO US VIA POLICE

**F CONTACT INFORMATION**

Please email your completed form to one of the following email addresses depending on which area you are in.

[PupilAccess.EastExclusions@lancashire.gov.uk](mailto:PupilAccess.EastExclusions@lancashire.gov.uk)  
[PupilAccess.SouthExclusions@lancashire.gov.uk](mailto:PupilAccess.SouthExclusions@lancashire.gov.uk)  
[PupilAccess.NorthExclusions@lancashire.gov.uk](mailto:PupilAccess.NorthExclusions@lancashire.gov.uk)

**CHECK LIST**

Please check that you have the following when forwarding this form on (if applicable):

CAF.  
Attendance – Current and Previous Years  
SEN Support Plan – Current  
School Behaviour Management Policy  
Social Worker Details

Version: October 2018

THERE WAS A SIGNIFICANT LACK OF EMOTION AND AWARENESS WITH REGARDS TO AXEL CARRYING A KNIFE, AND THE IMPLICATIONS IN USING ONE AND RISK POSED TO HIMSELF AND THE SCHOOL COMMUNITY.