

Legacy Youth Academy – Student Referral Form

Referral Source (School Information)

School Name:	
Referrer's Name & Role:	
Contact Number:	
Email Address:	
Date of Referral:	

Student Information

Full Name:	
Date of Birth:	
Year Group:	
Address:	
Parent/Carer Name(s):	
Parent/Carer Contact Number:	
Parent/Carer Email:	

Reason for Referral (tick all that apply)

<input type="checkbox"/> Behaviour Support	<input type="checkbox"/> Attendance Concerns
<input type="checkbox"/> SEMH (Social, Emotional, Mental Health)	<input type="checkbox"/> Alternative Provision
<input type="checkbox"/> Other (please specify):	

Brief summary of concerns and reason for referral:

Support Already in Place:

Desired Outcomes from Placement at Legacy Youth Academy

<input type="checkbox"/> Improved Engagement	<input type="checkbox"/> Positive Behaviour Change
<input type="checkbox"/> Personal Development	<input type="checkbox"/> Physical Fitness / Wellbeing
<input type="checkbox"/> Other:	

Additional Information (Medical conditions, SEN, safeguarding, EHCP, etc.)

Consent

Has parent/carers been informed of this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has student consented to being referred?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signatures

Referrer's Signature:	
Date:	