

**Commando Academy Alternative Provision Referral Form**

**Student Information**

|  |
| --- |
| Full Name: |
| Date of Birth: |
| Current School: |
| Year Group: |
| Contact Number: |
| Address |

**Parent/Guardian Information**

|  |
| --- |
| Full Name: |
| Relationship to student: |
| Contact number: |
| Email address: |

**Referring Person/Organization Information**

|  |
| --- |
| Full Name: |
| Position / title: |
| Contact number: |
| Email address: |
| Reason for referral: |

Please provide a detailed explanation for the referral, including:

* Student's current challenges or difficulties
* Any relevant background information or history
* Reasons why the Commando Academy is considered a suitable option
* Specific goals or outcomes desired for the student

**Additional Information**

Please include any further details that may be relevant to the referral, such as:

* Any previous interventions or support received
* Student's strengths and interests
* Any medical or learning needs
* Relevant reports or assessments (if available)
* Student's current academic performance
* Student's behaviour in school
* Student's involvement in extracurricular activities
* Student's relationship with peers and teachers

**Consent**

* I give consent for the information provided on this form to be shared with relevant staff at the Commando Academy Alternative Provision.
* I understand that this information will be used to assess the suitability of the referral and to plan appropriate support for the student.

**Signatures**

* Parent/Guardian Signature:
* Date: / /
* Referring Person Signature:
* Date: / /

**Please return the completed form to:**

[Marc@commandoacademyhastings.co.uk or return to reception at the commando academy Commando Academy Alternative Provision]

**Additional Questions for the Referring Person**

Please answer the following questions to provide additional context for the referral:

* How long has the student been experiencing these challenges or difficulties?
* Have there been any recent changes in the student's life that may be contributing to their difficulties?
* What interventions or support have already been tried, and what were the outcomes?
* What are the student's strengths and interests?
* What are the student's goals for the future?
* What do you hope the Commando Academy can offer the student?

**Additional Notes for the Student**

|  |
| --- |
| * please to express your thoughts on the referral and your hopes for the Commando Academy.
 |