

CUMBRIA CHILDREN'S SERVICES

HOME EDUCATION

NOTIFICATION OF HOME EDUCATION

HE2

Name(s) of child(ren):

i) _____ Date of birth: _____

Ethnicity: _____ Child's first language: _____

ii) _____ Date of birth: _____

Ethnicity: _____ Child's first language: _____

iii) _____ Date of birth: _____

Ethnicity: _____ Child's first language: _____

Do any of the children named above have a statement of
Special Educational Needs? _____ Yes / No

Names of parents/carers intending to educate child(ren) at home:

i) _____

ii) _____

Home Address: _____

Post code: _____ Tel No: _____

Last school attended (if any): _____

What made you decide to home educate?
