

HOME EDUCATION

NOTIFICATION OF HOME EDUCATION – HE2

Name(s) of child(ren):			
Child 1:		Date of birth:	
Ethnicity:		Child's first language:	
Child 2:		Date of birth:	
Ethnicity:		Child's first language:	
Child 3:		Date of birth:	
Ethnicity:		Child's first language:	

Do any of the children named above have an EHCP (Education Health and Care Plan)		
Yes / No	Child(ren):	

Parents/carers intending to educate child(ren) at home:			
Name: Mr/Mrs/Ms/Miss			
Name: Mr/Mrs/Ms/Miss			
Home address:			
Postcode:		Telephone number:	
Email (optional):			

Last school attended (if any):	
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What made you decide to home educate?

Please give us as much detail as possible about how you intend to ensure your child(ren) will be suitably educated. For example, what will you teach and how? Who will be responsible for teaching the various components, the methods to be used and the allocation of time? How will you measure progress? How will you ensure they have opportunities for social and physical development?

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Please attach additional sheets as required

Details of any other person(s) with parental responsibility:

Name:		
Address:		

Signatures of all those with parental responsibility:

	Date:	
	Date:	

Thank you for your co-operation.

Please return the completed form within two weeks to:

**Helen Wills, Learning Improvement Service, Bridge Mills,
Stramongate, KENDAL, Cumbria LA9 4UB
helen.wills@cumbria.gov.uk**