LONDON BOROUGH OF TOWER HAMLETS

Special Educational Needs Section

(Please return to the SEN Section, 5th Floor Mulberry Place, London E14 2BG)

or [sen@towerhamlets.gov.uk](mailto:sen@towerhamlets.gov.uk)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child or young person’s first name |  | | | Date of Birth |  |
| Child or young person’s Surname |  | | | Gender | M / F |
| Names of parents/carers |  | | | | |
| Telephone |  | Email address | |  | |
| Address including post code |  | | | | |
| Contact details if different from above |  | | | | |
| Languages spoken at home |  | | Ethnicity |  | |
| Interpreter needed? | Y / N | | | | |
| Current placement |  | | | | |
| Name of person notifying the LA |  | | | | |
| Title/position held, if any |  | | | | |
| Contact details |  | | | | |

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| Please explain briefly why you are notifying this child or young person to the local authority and **attach any relevant reports or other information.** |
|  |

Please provide the names & contact details of other professionals and /or agencies involved.

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| --- | --- |
| **Name of Professional or agency** | **Contact details** |
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| On what date was parental permission obtained to notify education? |  |

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_