Cumbria County Council



Form: CLA from OLA

Request for a school place for a Child Looked After from other local authorities Care Details

Name of Placing	Authority:				
Foster Care	Residential Care	With Parents Under Relevant (Court Order Placed with Relatives or Friends		
Legal Status of Young Person: Voluntary Agreement (Section 20)		Interim Care Order (Section 38	Care Order (Section 31)		
Other (please sp	pecify)				
Carer's Name:		Name of	Social Worker:		
Tel No:		Tel No:			
Email:		Email:			
Care Placement Address:		Contact A	Address:		
Expected Care F	Placement Duration:	Care Plan Type:			
Date on which s	chool placement requir	ed:			
Young Pers	on's Details				
UPN (Unique Pเ	ıpil Number):				
Name:		Other Name/s Us	Other Name/s Used:		
Date of Birth:		Year Group:	Year Group:		
	tional Needs (SEN) S		Cahaal Cunnart		
Final EHCP for	er that the pupil has a	der Formal Assessment disability? Yes No	School Support		
-		disability: 103 140			
	I Information				
Name of contact	t person:	Name of last scho	Name of last school / provision:		
Contact: Tel:		Email:			
Type: Primary	Secondary	Special	Short Stay (PRU)		
Other (please sp	pecify)				

Attendance Record This academic year % Last academic year %

Please indicate if any of the following agencies are involved with the young person:

Educational Psychology Youth Offending Team

Other agencies: (please specify)

Date of last Personal Education Plan:

Please attach a copy

Please comment about the young person's educational history and any social and emotional needs. (please continue on a separate sheet if necessary):

Has the young person a record of exclusion from school? If yes, please attach any relevant information.

Permanent exclusion Yes No Fixed period exclusion Yes No Lunch time exclusion Yes No

Prior attainment information and current attainment date

Provide for the relevant key stage(s) / phase(s) and include as much information as possible:

Early Foundation Stage Profile

Key Stage 1 Reading: Writing: Maths:

Key Stage 2 Reading: Writing: Maths:

Key Stage 4 (List Subjects studied, exam boards, target grades and current attainment data):

Subject and exam board	Target	Current grade	Subject and exam board	Target	Current grade

Special Educational Needs:

None: School Support: Assessment for EHCP: EHCP:

Details of the EHCP and specialist support:

Please note any gaps in learning/learning needs which need to be addressed:

Achievements and involvement in extracurricular activities:					
Please record the views of:					
The child/young person:					
The carer:					
The social worker:					
The Home Virtual School:					
Completed by:	Date:				
Please state your designation and contact details if not the named social worker.					