

Children Missing from Education (CME) Referral Form

Child's details

Full name of child:

Date of birth of child/age:

Ethnicity:

Gender of child:

Refugee/Asylum Seeker?

Yes / No

Is the child on the Child Protection register?

Yes / No

In Public Care?

Yes / No

Name of parents/guardian (inc relationship to child):

Previous address (if new to the area):

Wrexham address (including telephone no):

Last known school or local authority:

Date last on school roll:

Reason for referral (tick as appropriate)

Child not registered at a school:

Unknown if child is registered at a school:

How did this child come to your attention? State the date that the child became known to you as missing education.

Other agencies involved with the child concerned?

Other details:

Your Details

Name of referrer:

Position:

Address:

Telephone number:

Email address:

Please return your form to : john.grant@wrexham.gov.uk