PERMANENT EXCLUSION – INDIVIDUAL PUPILS

Please use this document to notify the Local Authority of a **permanent exclusion** by emailing it with a copy of the exclusion letter to pex@oxfordshire.gov.uk on the **first day** of exclusion. You must also submit this via the portal [Portal](https://myestablishmentportal.oxfordshire.gov.uk/web/portal/pages/home) Guidance can be found [HERE](file:///%5C%5Coxfordshire%5Cchildren%20young%20people%20and%20families%5CChildrens%20Services%5CExclusion%20%26%20Reintegration%20Team%5CNew%20documents%202021%202022%2023%5C2022-23%20Year%20Group%20and%20DOB.docx) Please send the [ERRF](https://schools.oxfordshire.gov.uk/cms/content/suspension-and-exclusion-documents) (Exclusion Reintegration Referral Form) to ERT@oxfordshire.gov.uk ASAP. Guidance and further information can be found at [Suspensions and Exclusions guidance](http://schools.oxfordshire.gov.uk/cms/content/exclusion-guidance). Schools are responsible for ensuring the child/ young person has schoolwork to complete at home for the first 5 days of exclusion.

|  |  |
| --- | --- |
| **Name of school** |  |
| **Name of pupil (include legal and given name)** |  |
| **Date of birth** |  |
| **UPN** |  |
| **Year group at start of exclusion** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Social care status (CP, CIN, EH, CWCF)** |  |
| **SEN status (N, K,EHCP)** |  |
| **Eligible for PP (Y/N)** |  |
| **Parent name and phone number** |  |
| **Date of first day of exclusion** |  |
| **Reason code (see below)** |  |
| **Number of days suspended in same academic year** |  |

**Reason for exclusion codes**

# PP Physical Assault against pupil

## PA Physical Assault against adult

## VP Verbal abuse/threatening behaviour against pupil

## VA Verbal abuse/threatening behaviour against adult

## BU Bullying

## RA Racist abuse

## SM Sexual misconduct

## DA Drug and alcohol related

## DM Damage:

## TH Theft

## DB Persistent disruptive behaviour

## OW Use or threat of use of an offensive weapon or prohibited item

**LG Abuse against sexual orientation and /or gender identity**

**DS Abuse relating to a disability**

**MT Inappropriate use of social media or online technology**

**PH Transgression of public health protective measures**