

NEELB Parental proposal for Elective Home Education – Complete one per child.

Full name of child		Date of birth	
Home address		Name(s) of those with parental responsibility Please tick to indicate if both parents' address is the same as the child's address – if not please provide details on a separate sheet	
Postcode		Home telephone number	
Mobile telephone number		Email address	
Last school attended (if applicable)		Date of last school attendance	
Date from which you wish to commence home education		Current school year	
Is the child a looked after child	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please state the name and contact address and telephone of the child's social worker	
Please detail any special educational needs which the child has			
Is the child subject to a statement of special educational needs	Yes <input type="checkbox"/>	If yes, please provide the name of the education board which maintains the statement	
	No <input type="checkbox"/>	Date of statement issue.	

1. Please state your reasons for electing to home educate the child or young person.

2. Please provide the child or young person's views regarding the decision to home educate.

3. Do you intend to follow the Northern Ireland curriculum?

Yes

No

4. Please provide details of the programme you wish to follow. Additional material may provided (e.g. copy of course outline).

5. In the following space, please provide the weekly education programme for your child or young person.

Day of the Week	Morning session Time:	Afternoon session Time:	Evening session (for example, clubs, societies or groups attended)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

6. Total number of hours per week dedicated to this programme _____

7. Other information you wish to provide

Signed _____

Date _____

Signed _____

Date _____

(Names of those with parental responsibility)