



PUPIL REFERRAL FORM

To: ANTA Education Limited – Alternative Learning Provision

1. Referring School Details

Field	Information
School Name	
School Address	
Referring Staff Member	
Role	
Contact Number	
Email Address	
Date of Referral	
PO Number	

2. Pupil Information

Full Name	
Date of Birth	
Gender	
Year Group	
Home Address	
Parent/Carer Name(s)	
Parent/Carer Contact Number	
Parent/Carer Email	



PUPIL REFERRAL FORM

3. Reason for Referral

Please provide a brief summary of why the pupil is being referred to ANTA Education Limited. Include any relevant background, challenges, or goals for the provision.

Timetable required*

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Number Weeks Required*

*If known – can be discussed at initial meeting

4. Desired Outcomes

Please outline what the school hopes to achieve through this referral (e.g., re-engagement, GCSE preparation, vocational skills, behaviour support).

5. Declaration

I confirm that the information provided is accurate and that parental/carers consent has been obtained for this referral.

Referring Staff Signature: _____

Date: _____

6. Next Steps

Please send this form to your contact at ANTA Education or to schools@antaeducation.co.uk

Once completed and approved our team will be in contact to arrange initial assessments.

Any further queries please contact us 01952 973200

#NOBODYLEFTBEHIND