



19a Ambleside
Luton
LU3 2SF

General Telephone Enquiries:
0333 320 4401 E-mail: lisa.michie@ameinacentre.co.uk

Student Referral Form

Please complete all sections of this form and email to lisa.michie@ameinacentre.co.uk

Alternatively, complete in black ink and post to The Ameina Centre

Date of Referral:		
Name of student:		
Sex: M F		Date of birth:
Students unique learner number		
Ethnic origin:		
Nationality:		
Address:		
Parents/Guardian Contact numbers		
Emergency Contact 1	Relationship	
Emergency Contact 2	Relationship	
Name of placing school/LA department/ care provider:		
Contact Person / Keyworker:		
Number of sessions required:		
Address and named contact for invoicing purposes:		

EDUCATION DETAILS

EHC Plan:	Dated:
YES / NO	Category/Description of need:
If yes please attach a copy	

EDUCATION HISTORY

Percentage (%) of attendance prior to arrival at the Ameina Education	
Details of current educational provision including subjects followed, exams taken/to be taken, achievements:	
Current National Curriculum key stage levels: CAT scores KS2 Targets KS3 Targets KS4 Targets	
Details of any medication / medical condition: (see consent form)	
Student's hobbies and interests:	

Intended Outcomes:

Please specify expected outcome for the learner. Eg raised attainment, improved behaviour etc

Agencies involved: (please provide details below)

Agency	Name	Location	Telephone
Social Worker			
Child & Adolescent Mental Health service			
Youth Offending Team			
Youth Worker			