



Learning Improvement Service

HOME EDUCATION

NOTIFICATION OF RETURN TO SCHOOL – HE6

Please complete this form if your child is returning to school after being home educated or removed from a previous school.

| | | | |
|---|--|----------------|--|
| Name(s) of child(ren) returning to school: | | | |
| Child 1: | | Date of birth: | |
| Child 2: | | Date of birth: | |
| Child 3: | | Date of birth: | |
| Address: | | | |

| | |
|---------------------------|--|
| New school name: | |
| Address: | |
| Date returning to school: | |

| | | | |
|---------|--|-------|--|
| Signed: | | Date: | |
|---------|--|-------|--|

Thank you for your co-operation.

Please return this form to:

**Helen Wills, Learning Improvement Service,
South Lakeland House, Lowther Street, KENDAL,
Cumbria LA9 4DQ**

helen.wills@westmorlandandfurness.gov.uk