Please ensure that this form is filled in with as much detail as possible and ensure that this form, along with any other evidence, is attached to the referral. Any incomplete referrals will not be considered.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| **Name** | | | | | **Date of Birth** | |
|  | | | | |  | |
| **Address** |  | | | | | |
| **Gender** |  | | **Ethnicity** | |  | |
| **Eligible to receive free school meals? Y/N** |  | **School attending** | |  | | |
| **Student UPN**  **(Unique Pupil Number)** |  | | | | | |
| **Dietary requirements** |  | | | | | |
| **Medical information** |  | | | | | |
| **Special Educational Needs and Disabilities Y/N** | **(If Yes, please give details)** | | | | | |
| **Minibus pickup/drop off required? Y/N** |  | | **Consent for photographs to be taken for website? Y/N** | | |  |

|  |  |
| --- | --- |
| **EMERGENCY CONTACT INFORMATION (please provide 2 contacts)** | |
| **Emergency contact name (1)** | **Emergency contact number** |
|  |  |
| **Emergency contact name (2)** | **Emergency contact number** |
|  |  |

Please tick all the days that you would like to participate

|  |  |  |  |
| --- | --- | --- | --- |
| **December 19th-22nd 10AM-2PM** | | | |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** |
|  |  |  |  |

Parent/Guardian name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_