



Pupils with specific needs form

Please complete the short form below to let us know if your child needs access to our provision for pupils with EHCP, SEND, CLA, CIN, CP and LAC pupils.

Please complete the details below :

Child/rens name		
Class		
Lone Parent	Yes <input type="checkbox"/> (please only fill in parent 1 section)	No <input type="checkbox"/>

Identifying the needs of the pupils						
EHCP Y/N	SEND Y / N	CLA Y / N	CP Y / N	CIN Y / N	EH Y / N	Medical Y / N
Brief outline of the child's need:						

Current services and professionals involved with contact details:

Name	Service/agency	Phone number	Email

Medical needs

Any Medical/Allergy Issues/Needs:

Emergency contact

	Parent 1	Parent 2	3 rd contact
Name			
Emergency contact number 1			
Emergency contact number 2			
Email address contact			



We will only be able to provide childcare during the below times.

Please indicate your current need					
	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 – 3:15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other important information we should know:

Signed

Date