**GOLDEN HILL INCLUSION SUPPORT TEAM**

 **(GHIST)**

# **GHIST Parental Support Request form 2024- 2025**

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| **Parent(s) Name(s):** |
| **Address:** | **Email Address:** |
| **Contact Number:** | **School year & ages of child/children:** |
| **School Name:****School Number:** |
| **School address:** |
| **Name of referrer:** | **Contact number of referrer:** |
| **School Contact name:** (If different from referrer) | **Contact number:** |
| **Email:** |
| **Date of referral request:** |
| **Date referral request received at Golden Hill:** |
| **Reasons for requesting support:** |
| **Any other agencies involved?** |
| **Any other relevant information we need to know?** |
| **What are you hoping to gain as a result of GHIST parental support?** |

****Please email completed request to ghist@goldenhill.lancs.sch.uk

