**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

