

Stay and Play place request form

Name of child*	Name of parents/carers*
Date of referral	Referred by *
<p>Only children below school age may be referred for a place. Parent/carer details must be filled in.</p>	
Date of birth*	Names of siblings
Male/Female*	Address*
Ethnicity	
Religion	
Home language*	Tel: *
Parent Email: *	Setting Email *
Reason for request*	
Professionals involved*	

Details of additional needs of the child*

(please add further details to the back of this form or if emailing attach extra information as desired.)

Please include the kinds of behaviours and environment requirements (e.g. Sound sensitive, makes lots of noise, likes to throw things, eats non edible items, needs to be supported while sitting.) This helps me to group children better to suit their needs.

Is the child in care?*

Name of social worker

Does your child have any Allergies or intolerances? Please list

Previous and current settings.

Does your child has any of the following*

A diagnosis? If yes please state what it is.

A My plan

A MyPlan+

An EHCP

How did you hear about stay and play at The Milestone school?

Please complete and return to: Fiona Bonnette, The Milestone School, Longford Lane, Gloucester. GL2 9EU. We will contact you within 4 working school weeks of receiving this form.

* Referrals CANNOT be processed without this information. Thank you.

Date referral received by FB