**STOKEY EDUCATION DEPARTMENT INFORMATION FORM**

Please complete one form for each child. Thank you

**CHILD’S FULL NAME**

**CHILD’S DATE OF BIRTH**

**STATE CHILD’S ADDITIONAL NEED IF ANY OR IF DIAGNOSED**

**NAME OF SCHOOL /COLLEGE/UNIVERSITY ATTENDING**

**YEAR IN SCHOOL**

**BOROUGH**

**How would you like the education department to help you and your child(ren) in school?**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**PLACE A TICK BESIDE THE INITIATIVE YOU WOULD LIKE TO PARTICIPATE IN**

* **PRAY FOR A CHILD IN EDUCATION**
* **DEMONSTRATE EXAM TECHNIQUES**
* **OFFER SHORT TERM INTENSIVE REVISION SESSIONS**
* **STOKEY’S SUMMER CAREERS FAIR**
* **ANYTHING YOU WOULD LIKE TO OFFER**

 **…………………………………………………………………………..**

 **Thank you😊**