## Hollingbourne

## **Primary School**



"A learning community- developing hearts and minds"

Supplementary Information Form

- Please note that completing this form alone does not constitute making an application.
- The form must be completed and returned to the school office before your child starts school.

		Child's details	
First Name(s):			
Surname:			
Date of birth:			
Address including postcode:			
		Parent/Carer (ie person with legal	parental responsibility)
Name:			
Address including postcode (if different from the pupil)			
Contact telephone no:			
Email:			
Please answer the following questions:			
1.	Does your child have an EHC plan?		Yes No
2.	Does your child have a	any other Special Educational Needs?	Yes No
	If yes please give deta	iils:	
3.	Is your child or have they ever been 'looked after', ie in Local Authority Care?		
	Yes		
4.	Are there any other agencies involved? Yes No		
Signed: Parent/Carer:Date:			

**Contact us** 

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Find us

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Hollingbourne

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