



Section 1: About you

Full Name.....

Address.....

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Postcode.....

Telephone number.....

E-mail.....

Your District Council.....

Section 2: About your Child/Children with SEND (Special Educational Needs and/ or Disabilities)

Providing us with information about your child/children will mean we can contact you about the issues most relevant to you, your child's additional needs or disabilities:

Your child/ren's year of birth.....

Your child's additional needs or disabilities (Please let us know if these are diagnosed or not yet).....

Type of education setting your child goes to:

- Nursery or pre-school
- State maintained school
- Independent mainstream school
- State maintained special school
- Independent specialist school
- Home educated
- Post 16 college or university
- Other:

Are you a lone parent to the child with additional needs?

- Yes
- No
- Prefer not to say

Is your child entitled to free school meals?

- Yes
- No
- Prefer not to say



Section 3: Help us to get it right

The following information is optional, but will help us to ensure that we are representing the full range of parent carers.

Your Ethnic Background.....

Are you a parent carer with a disability?

- Yes
- No
- Prefer not to say

What is your sexual orientation?.....

Section 4: Do You want to become more involved?

Are **you** interested in becoming a parent rep?

Parent reps attend meetings, sit on boards, and use their experiences and those of other parent carers to help get what our children need.

- Yes I would be very interested
- I would like more information
- I am not sure
- No

Thank you for joining! By completing this form you agree to become both a member of the Suffolk Parent Carer Network and for your information to be stored on our database

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Signature

Date