

Pupil's name: \_\_\_\_\_

Class: \_\_\_\_\_

Does the pupil have parents or other family members who have a long-term illness or disability, or who are affected by mental ill-health or substance misuse?

Yes

No

If you wish, you can give further details here: (not required)

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Would you like more information about the types of support the school provides to young carers?

Yes

No

Please provide a name and telephone number or email address so that we can contact you.

Name: \_\_\_\_\_

Telephone/email address: \_\_\_\_\_