

**Critchill School**

**Build a Bike Referral Form**

Please return to [gdobson@critchillschool.com](mailto:gdobson@critchillschool.com)

|  |  |
| --- | --- |
| CHILD’S NAME |  |
| CHILD’S ADDRESS |  |
| CHILD’S SCHOOL |  |
| YEAR GROUP |  |
| SPEICAL EDUCATIONAL NEEDS (e.g. EHCP) |  |
| HAS THIS PUPIL BEEN DISCUSSED AT FLP BEHAVIOUR PANDEL (IF YES PLEASE PROVDE DATE)? |  |
| AGENCY INVOLEMENT |  |

CONTACT DETAILS OF REFEREE

|  |  |
| --- | --- |
| REFEREE NAME |  |
| TELEPHONE NUMBER |  |
| EMAIL ADDRESS |  |

|  |
| --- |
| Reason for referral (please provide as much detail as possible) |
| Desired outcomes on completion of course |

Please attach copies of the following documents and any others that you feel may be relevant:

EHCP/Statement of SEN

IEP and Positive Behaviour Plan

Last School Report

Annual Review



**Critchill School**

**Build a Bike Contract Agreement Meeting**

Date:

Attendees:

Documents to be completed, shared and agreed:

* Personal Details (Parent/Guardian)
* Contract Agreements
* Personal Learning Intentions



**Critchill School**

**Build a Bike Project**

PUPIL INFORMATION FORM/EMERGENCY CONTACT FORM

*Please ensure all sections are fully completed.*

|  |  |
| --- | --- |
| FORENAME |  |
| SURNAME |  |
| KNOWN AS |  |
| MALE/FEMALE | |
| DATE OF BIRTH |  |
| HOME ADDRESS |  |
| POST CODE |  |
| HOME TELEPHONE NUMBER |  |

Lead Parental/Guardian Responsibility Mother/Father/Other (please specify below) if parents/guardian have joint custody please also specify below:

|  |
| --- |
|  |

(Parental/Guardian responsibility means all the rights, duties, powers, responsibilities and authority, which by law a parent of a child has in relation to the child and their property).



PARENT/GUARDIAN 1 DETAILS

|  |  |
| --- | --- |
| Mr/Miss/Ms/Dr | |
| FORNAME |  |
| SURNAME |  |
| HOME ADDRESS |  |
| POST CODE |  |
| MOBILE NUMBER |  |
| WORK NUMBER |  |
| HOME TELEPHONE NUMBER |  |
| EMAIL ADDRESS |  |

PARENT/GUADIAN 2 DETAILS

|  |  |
| --- | --- |
| Mr/Miss/Ms/Dr | |
| FORNAME |  |
| SURNAME |  |
| HOME ADDRESS |  |
| POST CODE |  |
| MOBILE NUMBER |  |
| WORK NUMBER |  |
| HOME TELEPHONE NUMBER |  |
| EMAIL ADDRESS |  |

Parental Notes:

|  |
| --- |
|  |



IN CASES OF ILLNESS OR ACCIDENTS, WE MAY NEED TO CONTACT YOU QUICKLY PLEASE COMPLETE THIS SECTION WITH EMERGENCY CONTACT DETAILS.

PARENT/GUARDIAN 1 OCCUPATION AND WORK CONTACT DETAILS

|  |  |
| --- | --- |
| NAME KNOWN BY AT WORK (if different to previous details) |  |
| WORK ADDRESS |  |
| WORK POSTCODE |  |
| BEST NUMBER TO CONTACT ON AT WORK |  |
| WORK EMAIL ADDRESS |  |

PARENT/GUADIAN 2 OCCUPATION AND WORK CONTACT DETAILS

|  |  |
| --- | --- |
| NAME KNOWN BY AT WORK (if different to previous details) |  |
| WORK ADDRESS |  |
| WORK POSTCODE |  |
| BEST NUMBER TO CONTACT ON AT WORK |  |
| WORK EMAIL ADDRESS |  |

ALTERNATIVE CONTACT IF WE ARE UNABLE TO SPEAK TO CONTACT PRIMARY PARENTS/GUARDIANS

|  |  |
| --- | --- |
| NAME |  |
| RELATIONSHIP TO CHILD |  |
| TELEPHONE NUMBER |  |
| FIRST LANGUAGE |  |
| OTHER LANGUAGES |  |



MEDICAL INFORMATION

CHILD’S DOCTOR DETAILS

|  |  |
| --- | --- |
| DOCTORS NAME |  |
| DOCTORS ADDRESS |  |
| DOCTORS POST CODE |  |
| DOCTORS TELEPHONE NUMBER |  |

PLEASE GIVE DETAILS OF ANY MEDICAL CONDITIONS OR SPECIAL CIRCUMSTANCES THAT YOU FEEL WE SHOULD BE AWARE OF:

(Asthma, Allergies, Seizures etc.)

|  |
| --- |
|  |



**Critchill School**

**Build a Bike Project**

CONTRACT AGREEMENTS

Critchill School and Julian House will:

* Create a safe and happy environment where students feel valued
* Provide the highest possible standards of teaching
* Review and monitor progress against learning intentions and the course content
* Provide written feedback of each session (via email) to the host school and a written report at the end of the course.

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |

As a student I will:

* Aim to achieve maximum attendance
* Follow the Bike workshop Code of Conduct
* Wear appropriate safety clothing and use equipment safely
* Be polite and helpful to others
* Reflect on my progress and areas for development
* Talk to my parents and teachers about any problems I might have
* Respect everyone regardless of their gender, race, creed, age or ability

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |