**Expression of Interest in St. Andrew’s Residential Provision**

Please complete, and return to St. Andrews Residential Department by May 17th 2024. Parents and carers can fill in the form on behalf of their child if needed.

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| **NAME:** | | **D.O.B:** | **CLASS:** | |
| **MY ADDITIONAL NEEDS;** | | | | |
| **SKILLS I ALREADY HAVE:** | | | | |
| **SKILLS I AM HOPING TO LEARN IN RESIDENTIAL:** | | | | |
| **MY HOBBIES AND INTERESTS:** | | | | |
| **OTHER SERVICES I ACCESS:** | | | | |
| **PREFERRED NIGHTS IN RESIDENTIAL: (please tick one)**  **Monday/Tuesday Nights Wednesday/Thursday Nights No preference** | | | | |
| **STUDENT SIGNATURE:** | **PARENT SIGNATURE:** | | | **DATE:** |