



REKINDLE SUPPLEMENTARY SCHOOL REFERRAL FORM.

Please email your completed form to admin@rekindleschool.org

Note: If you are referring yourself, then please complete **Box A**:

If you are referring on behalf of someone else, then please complete **Box B**:

Box A:

First name:

Last name:

Age:

Reason for referring yourself:

Name of your school [if attending school]:

What do you like about school?

What do you dislike about school?

Do you have any future goals?

How can Rekindle School help you to achieve your goals?

Contact details of parent / guardian / carer:

First name:

Last name:

Telephone number:

Email address:



Box B:

Who are you referring?:

First name:

Last name:

Age:

What is your relationship to them?

Reason for referral?

Name of their school [if attending school]:

Your contact details:

First name:

Last name:

Telephone number:

Email address:

To confirm, please email your completed form to admin@rekindleschool.org

We will be in touch soon.

Many Thanks

The Rekindle Team.