

North Island Community Improvement Partnership Referral Form
--

Please complete form in full

Organisation/School Referring:

Organisation/School Name:	
Main Contact:	
Contact Telephone:	
Contact E-mail:	

Details of the Child being Referred:

First Name (and middle if applicable):		
Surname:		
Date of Birth:		
Gender: (please circle)	Male	Female
School Attended:		
School Year:		

Child's school attendance %					
Child's school attainment	Very good	Good	Average	Poor	Very poor
Child's Behaviour	Very good	Good	Average	Poor	Very poor
Child's Attitude	Very good	Good	Average	Poor	Very poor

Family Details:

Name of Parent/Guardian:	
Full Address and Postcode:	
Contact Telephone/Mobile Number:	
Contact E-mail Address:	

Details of Siblings:

Child's Name:	Age: (if known)	School/Nursery Attended: (if known)

Has a CAF been completed for this family: YES / NO (please circle) If yes, please attach a copy

Criteria

Children/young people/families can be referred if:

- They attend an NICIP school
- If the main child is between 4.5 years old and 16 (18 for children with special needs)

