



The Ponds School
Believe Learn Achieve

Family Check-In Request Form

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| Date: | |
| Parent / Carer Name: | |
| Child's Name: | |
| Relationship to Child: | |
| Would you be interested in regular telephone / email check-in support? | Yes / No |
| How often would you like the check-in? Please circle: | Weekly / Fortnightly |
| Do you consent to being contacted? | Yes / No |
| What is your preferred form of contact? Please circle and provide details: | Call Text Email Contact number / Email: _____ |
| Additional comments: | |