



## Request for Support for a Parent

Name of child or young person	
Date of birth	
Name of parent	
Address	
Phone number	
Email	
Name of school/college or nursery	
Year group	
Brief description of help required	
Name and position of person completing form	
Signature of parent	
Date of request	

Please return this form to  
SENDIASS  
Wokingham Youth Centre  
Reading Road  
Wokingham  
RG41 1EG

Or email [Sendiass@wokingham.gov.uk](mailto:Sendiass@wokingham.gov.uk)