Saplings Programme

Parent Consent Form

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| --- | --- |
| Child’s Name:  |  |
| Child’s Date of Birth:  |  |

Please read and tick each of these statements:

[x]  I have received information about the Funded My Support Plan programme and understand the support that is available.

[x]  I would like my child to be considered for a Funded My Support Plan.

[x]  I have read the Coventry SEND Service Privacy Notice. .

|  |  |
| --- | --- |
| Parent’s signature  |  |
| Parent’s name  |  |
| Parent’s telephone  |  |