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:

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

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

I have read the Coventry SEND Service Privacy Notice. .

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