



Parental Consent and Information Form

Pupil information

Name:

D.O.B.

Outside agencies

Social Services

Social Worker:

Tel:

Police Involvement

Reason:

Probation

Psychiatry

Contact:

Psychology

Contact:

Other Agencies

Contact:

(CAHMS etc.)

Views of parents/guardians

I think the following things are going well for my child:

I think that these things could be affecting my child's behaviour and learning in school:

I think the following things would make a difference to my child's behaviour and learning in school:

Strategies that help

Do

Things to avoid doing

Don't

Acceptance of placement

Your son/daughter has been offered a place in Ardmore. By accepting this place, you acknowledge that you have been fully informed of and agree with all relevant policies and procedures, including those outlined in the information booklet.

I/we accept the placement for our son/daughter named above

Signed _____ Date _____

Signed _____ Date _____