

# English as an Additional Language Service

## Parental/main carer consent

Name of child: .....

I/We give consent for the English as an Additional Language service (EAL) to support my child/young person in school.

I/We understand that this request includes EAL support staff having individual/group contact with my child/young person.

I understand that EAL staff will liaise with school and other professionals in order to provide advice to help them meet my child/young person's language acquisition and curriculum access needs.

Name: .....

Relationship with child: .....

Signature: ..... Date: .....

Name: .....

Relationship with child: .....

Signature: ..... Date: .....

### Referring School Information

Name of referring professional: .....

School: .....

Address: .....

Telephone Number: .....

E Mail: .....

Signature: ..... Date: .....

