***QUEEN VICTORIA SCHOOL***

PARENT/CARER FORM,

RETURN or EMAIL to HoM

**Name Pupil: ……………………………………………………………………………. Date of Birth: …………………**

**House: ……………………………………………………………………………. Year: ………………………………**

**Date completed: ………………………………………………………………………………….**

**Following discussion with …………………………………………………. from Queen Victoria School, I agree**

**to my son / daughter seeing ……………………………………………………………………**

**I understand that I shall be consulted and included through the planning / review process, known as GIRFEC (Getting it Right for every Child).**

**Name in Caps: …………………………………………………………………………………………**

**Signed: …………………………………………………………………………………………**

**Parent / carer’s preferred method for contact, should this be required:**

** Phone: *……………………………………………………………………………..***

 **Email: *……………………………………………………………………………..***

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| **Reason for request for involvement** |
| **What are you hoping to achieve from request** |
| **Relevant background information** |

|  |
| --- |
| **Parent/Carer/Young Person comments** |

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| --- | --- | --- | --- |
| **Parental /Young Person Consent:**  I consent to the involvement of Targeted Services (Senior Educational Psychologist/Senior Education Social Worker/Counsellor) with my child and/or family. I consent to Pupil and Family Services collecting, storing and using the information on this form in line with the DCYP Policy on Data Protection. | | | |
| **Parental signature/Young Person’s signature:** |  | **Date:** |  |