Scoil Bhríde,

Nurney,

*Principal – Dr. Vinny Thorpe*

*Dep. Principal – Catherine Owens*

County Kildare.

Tel/Fax: (045)526767

Email: sbnurney@gmail.com

www.nurneyns.com

Roll no: 16345A

**Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Parent(s)/Guardian(s) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From time to time, children may need extra support in school. This may involve in-class support, team-teaching, withdrawal of small groups or one-to-one teaching wherever the need arises. The support may cover literacy, numeracy, language, social skills or movement breaks, depending on the needs of the class and/or child.

With your support, we are delighted to offer your child the opportunity to work with the Learning Support Team this coming school year.

In line with HSE Public Health Advice and Department of Education Guidelines, all precautions will be taken to ensure appropriate sanitization of materials and work areas. Staff and children will sanitize their hands before and after any specific individual teaching.

Please tick your preference and sign the consent form below, returning it to the school by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should you have any queries, please feel free to contact the school.

|  |  |
| --- | --- |
| Yours faithfully, | Yours faithfully, |
|  |  |
|   |  |
| **Learning Support Team** | **Principal** |

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **‘s Learning Support Consent Form** \_\_\_\_\_\_\_\_\_ *(school year)*

Please tick the appropriate boxes;

* **I wish** my child to avail of extra support
* **I do not wish** my child to avail of extra support

|  |  |
| --- | --- |
| Signed: Parent(s)/Guardian(s) | Date: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |