**Special Needs**

**2nd Floor (Room SF 332) Electric House**

**c/o Torquay Town Hall**

**Castle Circus, Torquay**

**TQ1 3DR**

**Email:** [**ehcp@torbay.gov.uk**](mailto:ehcp@torbay.gov.uk)

**Torbay Advisory and Support Service for ICT**

**Parental Consent Form**

Pupil's Name: ……………………………………………………………………………………………..

School: …………………………………………………………………………………………………….

I agree to the Torbay Advisory and Support Service - ICT visiting my child

in school.

I do not wish the Torbay Advisory and Support Service - ICT to visit my

child in school.

Signed: …………………………………………………. Parent/Guardian

Print Name: …..………………………………………… Date: ………………………………………

Please return this form to the address shown at the top of this form.

Form last updated March 2021