



**Speech and Language Class**  
**Consent Form**

Name of child: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s) / Guardian(s) Name(s): \_\_\_\_\_

I, \_\_\_\_\_ give consent for the referral of the above child to the Speech and Language Class.

Signed Parent(s)/Guardian(s): \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ give consent to the Admissions Advisory Committee (including National Educational Psychologist), St. Mark's Junior National School to read any information contained in the referral reports and contact the professionals who administered or submitted these reports. This may be necessary where clarification or further information is required, by telephone or in writing.

Signed Parent(s)/Guardian(s): \_\_\_\_\_

Date: \_\_\_\_\_