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## REQUEST FOR PERRYFIELDS OUTREACH TEAM INVOLVEMENT

### GROUP WORK

(Please use black ink)

### SCHOOL DETAILS

School: .....

Address: .....

.....  
Email: .....

SENCo: .....

Headteacher: .....

Class Teachers: .....

Area of work requested:

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### Group Pupil Details:

Names	UPN	Parental Permission	Yr Group	D.o.b.

### PARENTAL PERMISSION

In all cases, parental permission must be obtained prior to Perryfields involvement. It is the school's responsibility to obtain this. This form should only be returned when this has happened.

Reasons for being included in group

THIS REQUEST HAS BEEN AGREED WITH .....(Perryfields)

SIGNED: ..... (Headteacher/Deputy/SENCo/Year Head)

Date: .....

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PLEASE RETURN THIS FORM TO:

Behaviour Outreach Team  
Perryfields PRU  
Glebe Close  
WORCESTER  
WR2 5AX

e-mail: @perryfields.worcs.sch.uk