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Parental Response Form

(to be completed by adult with parental responsibility not residing at the same address as the child named below)

Child's Name: _____ Class: _____

I confirm that the details below are correct:

Full name of person with parental responsibility (please print)

_____ Relationship to child: _____

Address: _____

Postcode: _____

Telephone Number: _____

Email Address: _____

Please indicate (tick) below how you wish to be involved:

- ☐ I would like to receive my child's annual report.
- ☐ I would like to be informed of Parents evening.
- ☐ I would like to be consulted on any important decisions affecting my child e.g. options, assessment for special education disciplinary difficulties, choice of school.
- ☐ I wish to vote in any ballots/elections for parents.
- ☐ I will contact the school to arrange an appointment to discuss my further involvement.
- ☐ I understand that I will need to regularly supply stamped addressed envelopes to the school office so that the information can be sent.
- ☐ I give consent to share these details with third party provider Eduspot (Teachers2Parents) to facilitate effective communication and online booking of parent consultation meetings.
- ☐ I give consent to share these details with third party provider Parentpay to facilitate permission for educational visits and a safe and secure online payment system for trips, milk and dinner money.

Parent/Carer Signature: _____ Date: _____

(You may wish to make a copy of this completed form before returning it to the school office.)