**Appendix 2**

**Reduced Hours Provision**

**Exemplar School and Parent/Carer/Social Worker for a CiC Consent Form**

I / We give permission for (*insert name of child*) …………………………….……… to receive Reduced Hours Provision from (*insert name of school*) ………………………………………..

The reduction in school hours will start on (*insert date*) ……………………………….............

It will be reviewed on (*insert date*) ……………. and will be proposed to finish on (*insert date*) ………………

The hours that we have agreed are listed below:

The school has discussed transport and childcare arrangements with the parents/carers in advance of this agreement, in line with its safeguarding responsibilities. Details can be recorded above as necessary.

Name of parents/carers: ……………………………………………………………………………

Signature: …………………………………………………………………………………………….

Date: ………………………………………………………………………………………………….

Name of school staff member responsible for overseeing this provision: …………………….

Signature: …………………………………………………………………………………………….

Date: ………………………………………………………………………………………………….