Jacari Parent Consent Form

Information for parents

- Jacari is a charity. We provide free extra teaching.
- It is for children who don't speak English as their first language.
- The teachers are volunteers. Most are students from the university.
- The volunteers will teach for 30 minutes 1 hour a week during term time.
- The volunteers are not paid. They are trained and DBS checked.
- We work as quickly as possible, but you may have to wait until a volunteer is found.
- You can choose if lessons happen in your home, at your child's school or online.

Child's name:						
Gender: Male □ Female □ Other □	Date of birth:					
	(Day / Month / Year)					
Place of birth:	Year group:					
(Country)						
When did your child arrive in the UK	Home language(s):					
(approximately)?:						
Your Address:	•					
Parent/carer email address:	Parent/carer phone number:					
What are your child's hobbies / interests?						
What gender of Jacari teacher would you pro	efer? (please tick):					
Male □ Female □	Don't mind □					
Would you prefer for your child to have lessons at home or in school ? (please tick)						
At home □ In school □	Don't mind □					
Please tick this box if you agree to allow Jacari to take photos of your child to use for publicity purposes. This will help Jacari to recruit more volunteers and raise more money.						
Photo consent □ Video consent □						
Please tick this box if you agree that Jacari can contact you in future, once lessons has finished, to follow up on						
your child's educational progress						
By signing this form, you agree to the above, and allow Jacari to store the information on this form on their online database. Jacari will handle this data in accordance with the Jacari Data Protection policy, and will not						
pass this information to any other organisation, only to the volunteer who will teach the child.						
Signature of parent/carer: Date:						

If you have any questions about Jacari, please talk to your child's teacher.



Jacari Pupil Referral Form – for teachers

Please complete this form as thoroughly as possible, so that Jacari tutors are informed about the needs of their pupil. Feel free to include specific targets, objectives or suggestions in the box below. This will enable the tutor to have as much impact on pupil progress as possible.



Pupil's name:				
Name of School:		Pupil premium?: Yes ☐ No ☐ Unkn	own 🗆	
Reason for referral: (Please tick all that apply)	Low confidenceStruggling in schoolWorking below age expectations		n role model	
Academic needs				
Please mark each area a DfE EAL proficiency band	•	EAL band for speaking:		
A - New to English/Beginr	ning	EAL band for listening:		
B - Early acquisition/Eme C - Developing competen	rging	EAL band for reading:		
D - Competent/Diversifyi E - Fluent		EAL band for writing:		
E - Fluent		Overall EAL band:		
Confidence level: (please Very confident / Confide	•	Not very confident / Very low confi	dence	
Attitude towards learning	j:			
current curriculum being st	tudied, strength of home	Iformation* (eg. subject specific supplemental language, relevant family background family background language).	·	
i ne more aetallea inforn	nation provided, the be	ter support we can provide!		

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other organisation, only to the volunteer who will teach the child.

Name	of	staff	member	makina	referral:
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Signature: Date: