Position, Company

Road name

Town

County/Country

Postcode

DATE\*\*\*\*\*

Dear Parent/Carer,

**Re: application for Child/Young Person Previously in Care Jersey Premium**

We are writing to you ask if you would give your permission for the school to receive the Jersey Premium funding for your child/young person. You have trusted us by letting us know that \*\*\*\* has previous care experience.

With this comes an additional premium that would be used to support \*\*\*\* in school to further their educational progression.

This means that additional money is available to the school that will be monitored through a Personal Education Plan (PEP) for your child/young person. In this plan will be specific targets to support \*\*\*\*\*\* in making progress in school and the Jersey Virtual School will monitor the effectiveness of the targets and the interventions that are put in place.

These interventions could include a group of pupils that need the same support to prevent \*\* from feeling isolated from their peers.

Should you wish for the school to receive this additional funding and the additional support be put in place for \*\*\* please complete the form below and return to \*\*\*\*\*\*\* Designated teacher for the school.

Yours sincerely

First name Surname

Job Title

D +44 (0)1534 XXXXXX

E initial.surname@gov.je