

**Booking Form for 2017/18**

\*Please fill in this booking form with your preferences and we will try to meet all requirements where possible.

School:

RE Co-ordinator:

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| **Collective Worship**We offer half termly collective worship sessions, that fit in with the SEAL theme.  |
| Day & Time you would like us to take CW (e.g. Mon at 9am)  |  |
| Termly or Half-Termly  |  |
| KS1 &/ KS2 |  |

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| **RE Lessons**Please could you indicate which 2 topics each year group would like to request with contact details for that head of year. We deliver any part of the curriculum that covers Christianity; you may want to request the same as last year or different. We will try to meet all requirements where possible. |
| **Nursery**Teacher contact & email address: | **Number of classes** |
| Topic 1:Half-term it’s taught in:Day or time preference:  | Topic 2: Half-term it’s taught in:Day or time preference: |
| **Reception**Teacher contact & email address: | **Number of classes** |
| Topic 1:Half-term it’s taught in:Day or time preference: | Topic 2:Half-term it’s taught in:Day or time preference: |
| **Year 1**Teacher contact & email address: | **Number of classes** |
| Topic 1:Half-term it’s taught in:Day or time preference: | Topic 2:Half-term it’s taught in:Day or time preference: |
| **Year 2**Teacher contact & email address: | **Number of classes** |
| Topic 1:Half-term it’s taught in:Day or time preference: | Topic 2:Half-term it’s taught in:Day or time preference: |
| **Year 3**Teacher contact & email address: | **Number of classes** |
| Topic 1:Half-term it’s taught in:Day or time preference: | Topic 2:Half-term it’s taught in:Day or time preference: |
| **Year 4**Teacher contact & email address: | **Number of classes** |
| Topic 1:Half-term it’s taught in:Day or time preference: | Topic 2:Half-term it’s taught in:Day or time preference: |
| **Year 5**Teacher contact & email address: | **Number of classes** |
| Topic 1:Half-term it’s taught in:Day or time preference: | Topic 2:Half-term it’s taught in:Day or time preference: |
| **Year 6**Teacher contact & email address: | **Number of classes** |
| Topic 1:Half-term it’s taught in:Day or time preference: | Topic 2: It’s Your Move (Transition lesson)Half-term it’s taught in: Summer 2Day or time preference: |

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| **School Day Timings**Please could you let us know when your playtimes and lunchtime is, so we can make sure we offer you appropriate times. Thanks! |
| Morning Playtime |  |
| Lunchtime |  |
| Afternoon Playtime |  |