

**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 2  Day 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 |  |