**Bradford Schools Linking Expression of Interest**

**2019/2020**

|  |  |
| --- | --- |
| School |  |
| Headteacher |  |
| Contact Email address |  |
| Contact Phone Number preferred |  |
| Year group you would like to link  *(Please list here all year groups you would consider from Year 3, 4, 5)* |  |
| Number of classes you would like to be linked |  |

This form is for you to express your interest in joining to the Bradford Schools Linking Programme. Please send this form in by 28th February or ring. We will be in touch with you to discuss next steps.

Signed: Date:

**Please reply via email or post ASAP**

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