Foundation School

THE BISHOP'S STORTFORD HIGH SCHOOL



London Road Bishop's Stortford Hertfordshire CM23 3LU

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WORK EXPERIENCE – PARENT CONSENT FORM

Ι	give permission for
my son/daughter R	Reg Group
date of birth	
to spend the period 17 – 21 June 2024 participating in Work Experien	ce.
I understand that no payment in respect of work done may be made a assistance with lunches and fares if they so wish.	Ithough employers may offer
I know of no medical reason why should <i>not</i> take part in Year 12 Work Experience.	(name of student)
Please list any medical considerations/special needs:	
Signed (Parent/Ca	arer)









