



Headteacher: Mr D Reeve BSc (Hons)

WORK EXPERIENCE – PARENT CONSENT FORM

I give permission for
my son/daughter Reg Group
date of birth

to spend the period **17 – 21 June 2024** participating in Work Experience.

I understand that no payment in respect of work done may be made although employers may offer assistance with lunches and fares if they so wish.

I know of no medical reason why (name of student)
should *not* take part in Year 12 Work Experience.

Please list any medical considerations/special needs:

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Signed (Parent/Carer)

