

Parental Consent Form

Please return to Mrs Braybrook in the School Office by Monday 18th March 2024

Year 8 Work Shadowing day – Monday 29th April 2024

Name of pupil:

Form:

1: My child is taking part in work shadowing:

Name and address of company:

Name of contact at company:

Telephone number of contact:

I take full responsibility for the conduct and safety of my child on this activity.

Signed..... (parent/carer)

Please print name

Date

OR

2: I have been unable to find a placement for my child

My child will attend school on Monday 29th April 2024

Signed

Name:

Date: