



Work Experience For Year 10 Pupils 2017

Parental Consent Form

I, _____ (Name of Parent/Guardian)

Give my consent for my son/daughter;

Name _____ Form _____

to participate in the Work Experience programme from 10TH JULY – 14TH JULY 2017.

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

I know of no medical reason why _____ (name of pupil) should not take part in Work Experience. If there are medical considerations/special needs which may affect the type of placement which would be suitable, please indicate here: _____

I understand that this form is to be signed and returned **NO LATER THAN Friday 20th January 2017 to** Mrs. Warren, St Mary's Careers Co-Ordinator.

I agree to the school's applying to Hertfordshire County Council's Insurers for Personal Accident Cover to meet circumstances where no other liability can be attributed.

Signed: _____ (Parent/Guardian)

Date: _____

"The school's motto: 'achieving excellence for all' has become a reality at this outstanding school"
(Ofsted 2012)

