

**Permission to take part in the Year 10 Work Experience Programme  
15 - 24 July 2024**

1. Child's name.....

2. Child's form group

10C

10M

10R

10T

3. I confirm that my child will observe the conditions as set out in the student Work Experience agreement  (a link to the Work Experience Agreement will be sent to you)

4. Please make a note of any medical condition or disability that your child has. This will enable the employer to ensure that there is an appropriate risk assessment in place.

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5. I agree that information regarding any such condition may be passed on to my child's work experience employer following confirmation of placement

6. Parent / carer name.....

7. Parent/carer contact telephone number.....

All students in receipt of free school meals, can come into school on the 24 July to be reimbursed with their lunch money - £2.45 x 7 days = £17.15