

**Initial Parental Permission Form**  
**POCKLINGTON SCHOOL WORK EXPERIENCE**

Please complete this form and return it to Dr Farrar by **Monday 22<sup>nd</sup> March**.

All students

1. NAME.....TUTOR GROUP.....
2. ADDRESS.....  
..... TEL NO.....
3. Do you have any health or mobility problems, allergies/phobias or other conditions which might affect the type of work you do? e.g. asthma, colour blindness, diabetes, eczema. Please give brief details below or write 'NONE'.  
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Boarders

4. It has sometimes been possible for boarders to gain help with travel from school staff. Would you be willing to ask school staff for help with transport?  
 Yes  No  
  
Are you willing to use the bus service?  
 Yes  No

Parents

5. I have read my son's/daughter's responses to these questions and agree with them. YES/NO
6. I consent to my son/daughter (name) .....  
of Tutor Group.....

taking part in the Work Experience scheme from Monday 28<sup>th</sup> June to Friday 2<sup>nd</sup> July, 2010 and I consent to any relevant information being passed on to the employer.

Signature .....

It is occasionally necessary for us to contact parents/guardians during the period of work experience. To ensure that our records are up to date, please indicate below the name and daytime telephone number of the person who may be contacted.

NAME (PLEASE PRINT).....

RELATIONSHIP TO PUPIL.....

DAYTIME TELEPHONE NUMBER.....

**No pupil can take part in the school's Work Experience scheme unless the school is in receipt of this permission sheet.**