

Year 10 Work Shadowing Day - Wednesday 6 July 2022
Parental Consent Form

NAME OF PARENT	
NAME OF STUDENT	
STUDENT'S DATE OF BIRTH	
STUDENT'S FORM	
INTENDED WORK SHADOWING PLACEMENT	

Please tick (✓) as appropriate	Yes	No
I give my consent for my son / daughter named above to take part in the school's work shadowing programme		
I will take full responsibility for my son / daughter's welfare on the day		
I understand that no payment in respect of work done may be made		
I know of no medical reason why my son / daughter should not take part in work shadowing		
If there are any medical considerations / special needs that may affect the type of placement which would be suitable, please indicate below:		

SIGNATURE OF PARENT	
DATE	

I understand that I am representing The Astley Cooper School whilst taking part in work shadowing and I agree to abide by the school contract and conduct myself in an appropriate manner.	
SIGNATURE OF STUDENT	
DATE	

IMPORTANT

PLEASE RETURN TO YOUR FORM TUTOR BY **WEDNESDAY JUNE 22**