



Caldy Grange Grammar School
WORK EXPERIENCE – PARENTAL PERMISSION

Student name:	Form:
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Work Experience Placement	
Date	
Activities / Duties	

PARENTAL PERMISSION	
I give permission for my son/daughter * to attend the above work experience placement and I enclose the completed Health & Safety forms. <i>* Delete as necessary</i>	
Parent Name	
Signature	
Date	