

**Burton Borough School**

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**Principal:** Christine Raymont-Hall ACTL, BMus (Hons), PGCE, FCoT, FInstLM

**Work Experience – Families Consent Form**

**To be completed and handed or emailed to Mrs McClean by Friday 23rd November 2018.** **kay.mcclean@taw.org.uk**

Work Experience is an important part of the curriculum for Key Stage 4 Students. Every child will be expected to take part unless he/she in under-achieving relative to his/her targets. In this instance the pupil will not be allowed to participate in the Work Experience Programme.

**The programme this year runs from Monday 8th July to Thursday 18th July, 2019. (Students will be expected to be in school on Friday 19th July for debriefing activities- students who do not attend without prior agreement will receive an unauthorised absence)**

I, (**Parent/Carer name**): ………………………………………………………………… (please print)

of **(Address):** …………………………………………………………………………………………………

….……………………………………………………………………………………………………………….

Telephone No(s): ……………………………………………………………………………………………

Email Address(es): ..…………………………………………………………………………………………..

Parent/Carer of (**Student name**): ……………………………………………..CLL: …………………

hereby give my consent to my child’s participation in the BBS Work Experience Programme.

Please tick the relevant box:

My son/daughter/dependent child has no medical condition which might affect their choice of and participation in Work Experience. ❒

My son/daughter/dependent child has a medical condition which might affect their choice of and participation in Work Experience. (Please note, due to data protection, we will not share this information. Please ensure that you inform them directly)❒

Signature: ………………………………………………………… Date: ………………………………