



**WORK EXPERIENCE SCHEME
PARENTS' FINAL CONSENT FORM**

Name of student

.....

House

.....

I give permission for my son/daughter to attend work experience at:-

.....

.....

this summer.

In the event of an emergency, I can be contacted on telephone number

Signed (parent/guardian)

Date

Please return to school as soon as possible, marking for the attention of Mrs C Newman,
Work Experience Co-Ordinator.

For any queries, please contact the school on 01580 711800 or e-mail
newmanc@cranbrook.kent.sch.uk

Cranbrook, Kent TN17 3JD

School: 01580 711800
Bursar: 01580 711811
Fax: 01580 713972

E-mail: office@cranbrook.kent.sch.uk
www.cranbrookschool.co.uk