



## 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.

Emergency contact number: .....

Signed (parent/guardian) .....

Date .....

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

For any queries, please contact the school on 01580 711800 or email:  
[newmanc@cranbrook.kent.sch.uk](mailto:newmanc@cranbrook.kent.sch.uk)

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