

Name of pupil:
Form:
Type of voluntary work to be undertaken:
Contact Details: (of the placement)
Dates and times attending: (only during study periods agreed)

Parental Consent:

I hereby give permission for my son/daughter to attend the above on the dates and times shown during school hours.

Signed (Parent/Guardian)

Date.....

NOTE: EMAIL PERMISSION FROM A PARENT/GUARDIAN IS ALSO REQUIRED TO ACCOMPANY THIS FORM.

FINAL CHECKLIST:

- Completed form with your dates and times of volunteering
- Email or telephone confirmation from the placement to <u>chaywood@lrgs.org.uk</u>, Tel: 01524-580529 (voicemail)

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• Email from a parent/guardian

Please return this form, completed and signed to Mrs Haywood at <u>chaywood@lrgs.org.uk</u>. with a copy to Mrs Pybus at <u>hpybus@lrgs.org.uk</u>.

PLEASE NOTE YOU DO NOT HAVE PERMISSION TO DO THIS UNTIL YOU HAVE SUBMITTED ALL OF THE ABOVE AND IT HAS BEEN AGREED AND CONFIRMED BY HEAD OF 6TH FORM, MR MARTIN.