



# Permission for absence for 3-5 days' work experience

Name of pupil:	Form:
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Please list the A level Subjects you are studying and names of your subject teacher below and obtain the permission of ALL subject teachers by asking them to sign below.

Subject	Subject Teacher	Signature	Subject Teacher	Signature

All subject teachers, by signing the above, agree to release the pupil from their lessons during the days specified on this form and the pupil agrees to catch up on this work.

Type of work experience to be undertaken:

Contact Details: (of the placement)

Dates and times attending:

### 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 dates and times of the work experience
- Email or telephone confirmation from the placement to [chaywood@lrqs.org.uk](mailto:chaywood@lrqs.org.uk), Tel: 01524-580529 (voicemail)
- Email from a parent/guardian

Please return this form, completed and signed to Mrs Haywood at [chaywood@lrqs.org.uk](mailto:chaywood@lrqs.org.uk) with a copy to Mrs Pybus at [hpybus@lrqs.org.uk](mailto:hpybus@lrqs.org.uk).

**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 6<sup>TH</sup> FORM, MR MARTIN.**