



INVESTOR IN PEOPLE



arts colleges

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BISHOPSHALT SCHOOL
"Above all else a place for learning"

October 2017

Year 10 Work Experience
Monday 25th to Friday 29th June 2018

Dear Parent/Carer

This is the initial parental consent form that must be signed, dated and returned to school in order for your child to take part in the Year 10 work experience programme.

Please return this form to me, Mrs Vodden, in room 1 as soon as possible and by Friday 3rd November at the latest. Thank you

Yours faithfully

M. Vodden (Mrs)
Work Experience Co-ordinator

I have read the enclosed letter and agree to my son/daughter participating in the Year 10 Work Experience programme from Monday 25th to Friday 29th June 2018.

Student Name: _____ **Form:** _____

Signed (Parent/Guardian): _____ **Date:** _____

Print (Parent/Guardian): _____



An Arts College specialising in Music and the Performing Arts
Royal Lane, Hillingdon, Uxbridge, UB8 3RF

Headteacher: Mr K Rowe MA