



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 25<sup>th</sup> to Friday 29<sup>th</sup> 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 3<sup>rd</sup> 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 25<sup>th</sup> to Friday 29<sup>th</sup> 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**