



HENLEY-IN-ARDEN SCHOOL

Achieving Excellence Together

Associate Headteacher Mr Joseph Roper

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Henley-in-Arden
Warwickshire
B95 6AF

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WORK EXPERIENCE PARENTAL & EMPLOYER CONSENT FORM

Section 1 (To be completed by Parent/Guardian)

I _____ the Parent/Guardian of
_____ (Name and Date of Birth) give
my consent for him/her to take part in the Work Experience Scheme organised by the
school and approved by Warwickshire Local Authority.

Signed: _____ Date: _____

Address: _____

Telephone Number: _____

Section 2 (To be completed by the Employer or his/her representative)

I am willing to accept _____ (name of student) on a
Work Experience placement from 15th July 2024 to 19th July 2024

Name: _____

Signed: _____ Date: _____

For and on behalf of: (Company name) _____

Address _____

Telephone Number: _____