



# Diss High School

Headteacher: Dr J Hunt

## Students & Parents Work Experience Form

Work placement dates:		
Student's name:		Tutor Group:
Age during the placement:		
Company name:		
Company address:		
Company telephone number:		Postcode:
Contact email address:		
Is student to be located at this address?		
If no, please provide relevant details:		
Placement title:		
Name of contact:		Position held:
General duties to be carried out by student:		

### To Parent/Carer:

As the parent /carer of the student named above, I confirm that I have read and understood this form and the guidance provided and I agree to my son/daughter taking part in this work experience opportunity.

Parent Carer Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to Mrs Jane Aiken  
by the 28<sup>th</sup> March 2018**