



**BIDDULPH  
HIGH  
SCHOOL**

Conway Road  
Knypersley  
Biddulph  
Staffordshire  
ST8 7AR

**Tel:** 01782 523977  
**Fax:** 01782 521820  
**E.Mail:** Office@biddulph.staffs.sch.uk  
www.biddulph.staffs.sch.uk

Headteacher: **Mr S P Ascroft BSc (Hons) NPQH**

JULY 2017

FOR THE ATTENTION OF THE PERSON WITH PARENTAL RESPONSIBILITY

**Re: Work Experience**

Your child will be taking part in a work experience placement. Please find enclosed a copy of the Company Information Questionnaire. It is essential that this is completed and signed by the employer and returned to school via email or post. It is your child's responsibility to ensure all necessary paperwork is returned to school.

We will need to provide the employer with your emergency contact telephone number. Please complete the information on the reply slip below and return to school as soon as possible.

Please do not hesitate to contact me should you require any further information.

Yours sincerely

The Careers Office

Encs.

---

**Biddulph High School  
Work Experience – Parental Permission Slip**

**Student's Name:**

**Tutor Group:**

I confirm that I have parental responsibility.

**Signed:**

**Date:**

**Please Print Name:**

**Emergency Contact Telephone Number:**

**Health and well-being:**

Please advise in the box below any medical, educational or social conditions/issues that may affect a work experience placement e.g. allergies, asthma, epilepsy, diabetes, dyslexia, dietary needs.

