

PARENTS' CONSENT FORM

Student's name.....

Class

I am happy for my son / daughter to participate in a Work Experience placement to gain experience in the professional world. I will help him find a training that best fits with his/her aspirations.

I understand that my son/daughter shall not receive any payment.

Assuming that all administration forms are returned to the project coordinator within the agreed deadlines, my son / daughter will be insured by the school in the event of an accident while taking part in this program.

I declare that my son / daughter will participate in this project during the dates mentioned in the registration form even if it requires a change in family holidays.

Date

Signature of the parents

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