**Parental consent for student to leave school premises weekly for training or performance purposes**

In order to ensure the safeguarding of students, parents are required to

provide written consent prior to students leaving school premises

for the purposes of training or performance during school hours.

To give permission for your son/daughter to leave school for specific training or performance purposes during this academic year, please complete and sign

the timetable below and return to Studio reception.

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Dates applicable**  **(please either give individual dates, or start and finish dates for multiple consecutive occurrences)** | **Time leaving school** | **Purpose** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |

Student name:……………………………………………. Tutor group:……………………………………

Parent name:…………………………………………………………………………………………………………….

Parent signature:……………………………………………. Date:…………………………………………….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:…………………………………………….

Approved by SLT 

Date:……………………………………………….