



SIR THOMAS BOTELER

CHURCH OF ENGLAND HIGH SCHOOL
THROUGH GOD, WE CARE

GRAMMAR SCHOOL ROAD
LATCHFORD, WARRINGTON,
CHESHIRE, WA4 1JL 

01925 636414 

INFO@BOTELER.ORG.UK 

WWW.BOTELER.ORG.UK 

/THOMASBOTELER   

FORM 2

STUDENT WORK EXPERIENCE PLACEMENT FORM – PLEASE RETURN TO SCHOOL BY FRIDAY 28TH FEBRUARY 2025

TO BE COMPLETED BY THE PARENT/CARER

NAME OF PARENT/CARER		NAME OF STUDENT	
STUDENT DATE OF BIRTH		STUDENT FORM GROUP	
PARENT/CARER PHONE			
ADDRESS		DATE OF PLACEMENT	MONDAY 31ST MARCH-FRIDAY 4 TH APRIL 2025
		NAME & ADDRESS OF PLACEMENT	

PLEASE TICK AS APPROPRIATE	Yes	No
I give my consent for my son/daughter named above to take part in the school's work experience programme.		
I will take full responsibility for my son's/daughter's welfare on the day.		
I understand that no payment in respect of work done may be made.		
I know of no medical reason why my son/daughter should not take part in work experience.		
IF THERE ARE ANY MEDICAL CONSIDERATIONS/SPECIAL NEEDS THAT MAY AFFECT THE TYPE OF PLACEMENT WHICH WOULD BE SUITABLE, PLEASE INDICATE BELOW:		

PARENT/CARER SIGNATURE: _____ DATE: _____