



SIR THOMAS BOTELER

CHURCH OF ENGLAND HIGH SCHOOL

THROUGH GOD, WE CARE

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**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 child named above to take part in the school's work experience programme.		
I will take full responsibility for my child's welfare on the day/s.		
I understand that no payment in respect of work done may be made.		
I know of no medical reason why my child should not take part in work experience.		
I give consent for my contact details to be given to the employer in case of emergencies.		
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: _____