



Year 12 Work Experience: 22 – 26 June 2026

Parental Consent Form for Virtual Work Experience

Student's NameMentor group

To be completed by a parent or carer

As parent/carer of the student named above I can confirm that they have arranged for a Virtual Work Experience activity during the week commencing 22nd June 2026 and will complete this at home.

They have arranged the following activity –

Title of course (s).....

Course Provider.....

Name (Parent/Carer)

Signature Date

PLEASE RETURN THIS FORM TO MRS ROBINSON IN THE HIVE (OR elrobinson@highdown.reading.sch.uk)