



# TOOLKITS FOR MANAGING A COMPREHENSIVE RANGE OF INDUSTRY VISITS FOR SCHOOL AND COLLEGE STAFF AND STUDENTS



**European Union**  
European  
Social Fund

## Appendix 1: Template for parental consent letter and reply slip

School headed paper

Name of intended recipient(s)

Dear ....

**(Delete as applicable) School visit to *Company name/College/Training provider for Taster day / Volunteering/Work Shadowing/Work place visit/Enterprise Activity /Enterprise Award Ceremony on date***

Your son/daughter has been invited to (delete as applicable) *attend a taster day at x College/volunteer at / participate in work shadowing at/undertake a work place visit to/attend an enterprise activity at /attend an enterprise award ceremony at x/ on date.*

The visit will last for (delete as applicable)  $\frac{1}{4}$  day /  $\frac{1}{2}$  day / 1 day and students will be (brief description of activity)

(Delete as applicable) The coach / mini-bus will be picking the students up at ..am/..pm.

(Delete as applicable) Students attending will need to wear *business dress/comfortable clothing.*

(Delete as applicable) The employer will provide work boots / goggles / coveralls / reflective vests. Please can you indicate your child's *clothing size / foot size* on the reply slip.

If your child has any disabilities, allergies or specific medical needs that may limit or prevent them from participating in this visit, please ensure that *tutor/teacher/year head* is aware of this before ...

(Delete as applicable) *Refreshments will/will not be supplied. Please ensure that your child brings a packed lunch.* If your child has any special dietary requirements we need to be aware of, please indicate on the reply slip below.

Please return the reply slip to .... by....

If there is any additional information that we need to be aware of before this visit, please make us aware in the additional information box on the reply slip below.

Yours sincerely,

**Head of (Year/Subject Group)**

**Reply slip:**

I consent for ..... to attend this activity on ..... at .....

Dietary requirements - My son/daughter is.....

Foot size .....

Clothing size .....

Additional information

E.g. disabilities / SEND / allergies / medical condition / medication taken regularly etc.

.....  
.....  
.....  
.....

Signature: .....

Name: .....

Date .....