## Parental Permission

## **CONSENT FORM**

Ι/	(print name),	(mobile phone number)
(please print a contact email clearly)		
give permission for	/	(name of child under 16)
to attend a Brent Roots course at the Old School Community Centre		
in	(name of chos	sen course/volunteering session).
l confirm that	(name of child) is	(age)
and I (or another adult nam	ned and nominated by	/ me) am willing to accompany
them to any sessions desig		
		ne following special needs which
tutors and/or facilitators n	eed to know about to	make sure the learning space is
both safe and welcoming.	(Please write NA if no s	special needs are noted.)
l am	(re	lationship to child)
	Signature,	Date

NOTE: This form can be handed in at the Old School or the information can be photographed and emailed.

www.theoldschool.org.uk

education@theoldschool..org.uk