



I allow my child to take part in the Duke of Edinburgh Award and the Practice and Qualifying Journeys

Student name:

Award:

Parent/Guardian name:.....

Parent/ Guardian phone number:

Second emergency contact number:

I confirm that I have read, understand and agree with all the information in the above letter.

Parent/ Guardian signature

.....

Please fill in this form and return in person to the front office by Wednesday the 21st of September