

**Contact details for LEAP Masterclasses
for Students in Year 11**

Parent / Carer: Please complete the following details:-

Student Name:	
School attended:	
Masterclass Subject:	
Venue for Masterclasses:	
Home Address:	
Parents' / Carers' Contact phone numbers:	
Any medical information we need to be aware of:	
Any dietary requirements:	
Student email address (for Masterclass updates and tasks):	

Please tick and complete:

- I confirm acceptance of a place on the above Masterclass for my son/ daughter and attendance at all Masterclasses.
- I will let the school know immediately if my son/ daughter cannot take up the place.
- I give consent for images to be taken and stored for use for educational purposes eg photos, film, video.
- I confirm that my son/ daughter may leave the school premises as part of their Masterclass programme to attend other venues, for example, universities, other schools. (you will be notified if this is going to happen).

**Signed
(Parent/ Carer)**

Print Name

Date

Please return this form to your School LEAP Masterclass Co-ordinator
by **2 October 2009 at the latest.**

(G&T Co-ordinator to keep a copy and send this form direct to the school facilitating the Masterclass).

**Therese Gillespie, Director for Children and Young People,
South Gloucestershire Council, Bowling Hill, Chipping Sodbury,
South Gloucestershire BS37 6JX Tel: (01454) 868008 Fax: (01454) 863263**