

 ***HEADTEACHER’S DECLARATION***

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| Educational Establishment: |
| Name of Pupil: |
| Date of Birth: |
| Activity for which Licence is Applied For: HERCULES |
| Venue of Activity: JERWOOD DANCEHOUSE & NEW WOLSEY THEATRE |
| Approved days of Absences from Education: WEDNESDAY 17TH JUNE 2015 |
| Overall % of attendance this academic year: |

\*I give permission for the above named pupil to have leave of absence from school to enable him/her to take part in the activity as detailed in this application.

\* There is no leave of absence required for this activity.

 **OR**

\*There is no leave of absence from school permitted for this activity.

\* *Please delete as applicable.*

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Headteacher)

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All enquiries concerning this application to: Child Employment Team, Endeavour House, 8 Russell Road, Ipswich, Suffolk IP1 2BX

Tel: 01473 265195 Fax: 01473 216853 childemployment@suffolk.gcsx.gov.uk