

School – Child Performance Form



Name of child	<input type="text"/>
Date of birth	<input type="text"/>
Title of performance	<input type="text"/>
Dates of performance	<input type="text"/>
Dates of school absence (if applicable)	<input type="text"/>
I have no objection to (insert name of child) taking part in the above performance (s).	<input type="text"/>
Or	
I object to (insert name of child) taking part in the above performance (s) because	<input type="text"/>
<input type="text"/>	

Name	<input type="text"/>	
School Name	<input type="text"/>	
Address	<input type="text"/>	
Telephone	<input type="text"/>	
Signed	<input type="text"/>	Date <input type="text"/>

RETURN FORM:

**Education Welfare Service
Central Team
County Hall
Matlock
Derbyshire DE4 3AG
Contact: 01629 538139**