

CONSENT SLIP

I (parent/carer).....

Give my
(son/daughter).....

The consent to attend the ProActive Supplementary School every Monday at the Pakistan Centre, Nottingham. I understand that the ProActive team does not take responsibility for students outside of the class hours.

ETHNICITY (please circle)

PAKISTANI BANGLADESHI

NATIONALITY (please circle)

**BRITISH PAKISTANI BANGLADESHI REFUGEE /
ASYLUM SEEKER**

PLEASE Return to:
Project ProActive
163 Woodborough Road
Nottingham NG3 1AX
Tel.: 0115 958 2973
Fax.: 0115 924 0903

Address.....
.....
.....

Contact Number.....

Child's school.....

Academic year.....

Parent/carer Signature.....

Date...../...../.....

