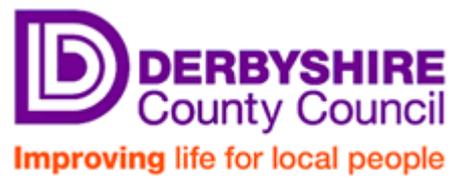


# School – Child Performance Form



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"/>
<b>Or</b>	
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**