



## SCHOOL PERMISSION FORM

Name of Child:

DOB:

The Above Child is registered with Signature Model Management

### School Details

Name of School:

Address:

Telephone Number:

### To be read and signed by HEADTEACHER –

I give permission for the above named child to be absent from school for the purpose of performance work (photographic, modelling, film and TV commercials) for a limited amount of days as per The Children (Performance) Regulations 1968.

Date(s) of authorised absence:

Or how many days allowed:

Signature of Headteacher:

Date:

This form will not be accepted unless it has been stamped by the school: