



September the 14th 2017

Re. Transition Year Work Experience

Dear

Thank you for agreeing to take the student mentioned below for a period of Work Experience.

NAME OF STUDENT: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

PARENT CONTACT TELEPHONE NUMBER: _____

WORK EXPERIENCE FROM : _____ TO _____

I would be grateful if you would complete the enclosed report and return it to me in the envelope provided. A copy of our school insurance cover is also attached.

Should any difficulty arise with regard to this arrangement please contact me on 01 2821822 .

Thank you for your co-operation.

Yours sincerely,

Ciara Broe,

DEPUTY TRANSITION YEAR CO-ORDINATOR