



Solihull
METROPOLITAN
BOROUGH COUNCIL

Churchill Council House
Solihull
West Midlands
B91 3QB

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Email:

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Dear Parent/Guardian.

Parental Consent Letter

Please ensure that your child returns this letter to school by the day of Scootability training, 24th June.

Please complete in block letters. We will only use the information you provide to arrange your child's training. This information will not be shared with other organisations.

Full name of Child:

Address:

Post Code:

Tel No:

Age: Years: Months:

School attended:

Training centre:

(For office use – Assessment No: Result:)

Please turn over to sign and give consent to your child taking part in this course.

I agree to my child taking part in the Scootability Training Course in the playground of their school.

I consent to an instructor making **minor** adjustments to ensure that my child's scooter is roadworthy, so that they may continue with the course. These adjustments may include: checking levers and clips, wheels and handlebars.

If an instructor deems that my child's scooter bicycle is **unroadworthy**, I understand that they will **not** be able to continue with the training session.

Signed:

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Print Name:

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Parent/Guardian

If your child has any specific needs, including a disability or medical condition, please note it here to enable special arrangements to be made:

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Yours Sincerely,

Nicholas Chawner