



PARENTAL CONSENT FORM

I have read and understood the request for my son/daughter to participate in the research study.

I have discussed it with my son/daughter and,

- I give permission for my son/daughter to participate
- I do NOT give permission for my son/daughter to participate

Name of Student: (PLEASE PRINT)

Name of Parent/Guardian: (PLEASE PRINT)

Date:

Signature of Parent/Guardian:

Name of Student (if 18 years or older): (PLEASE PRINT)

Signature of Student (if 18 years or older):

Information Collection Authorization: *Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, and will be used to determine eligibility for research projects. The information will be stored in Learning Support Services. Any questions with respect to this information should be directed to the Supervisory Officer - Learning Support Services.*

Users: Principal, Manager of Communications and Freedom of Information/Protection of Privacy

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