

PARENT Consent

PLEASE PRINT CLEARLY

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

I agree to support my child with his/her educational program by monitoring my child's progress in this course(s) and I understand that I may contact teachers, administrators, and support staff with any questions I have about the course or when I have concerns about my child's progress and/or effort. I will also encourage my child to communicate with the teacher(s) on a regular basis.

As a parent/guardian, I agree to the commitment above.

Parent/Guardian Signature

Date

Day School COUNSELLOR's Consent

PLEASE PRINT CLEARLY

STUDENT NAME: _____

COUNSELLOR'S NAME: _____

1. This is to confirm that the student listed above is NOT taking the same course in a classroom or taking the same course elsewhere online at the same time as they plan to take the course with Access New Westminster;

2. This is to confirm that our school district has a residency policy that is consistent with the School Act and that the student listed above is ordinarily resident in BC (and where applicable) with their parent/legal guardian. Furthermore, the day school maintains evidence in the student file that supports this claim;

3. That the day school maintains a graduation plan/timetable for this student and that the course(s) selected is listed on this graduation plan.

As the day school counsellor, I agree to the statements above.

Counsellor's Signature

Date