

CONSENT FOR MODIFIED PROGRAM



Date: \_\_\_\_\_

Re: \_\_\_\_\_ (Student Name) D.O.B. \_\_\_\_\_ (Day / Month / Year)

School: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

As a result of formal and informal assessment and consultation with parents/caregivers, teachers and educational personnel, it is the recommendation of the educational team that your child be placed in the Locally Modified Course described below {include grade level and specific course(s)}.

Four horizontal lines for describing the locally modified course.

Parental Consent Statement

I clearly understand the recommendation and hereby give permission for the Locally Modified Course placement described above. I understand the rationale for and the implications of this placement and realize that my child:

- a) will be working on Locally Modified Courses and other agreed-upon courses
b) may not meet the current admission requirements for post-secondary educational institutions
c) may discontinue the Locally Modified Courses at any time

\_\_\_\_\_  
Date Signature of Parent/Guardian

\_\_\_\_\_  
Date Signature of Parent/Guardian

Parent/Caregiver passed on signing waiver;  Yes

\_\_\_\_\_  
Principal Signature Date

This form must be completed at the beginning of each school year and filed in the student's cumulative file.