



CONSENT FOR ALTERNATIVE EDUCATION 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 parent(s)/caregiver(s), teachers, and educational personnel, it is the recommendation of the educational team that your child be placed in the Alternative Education Program described below (include grade level and specific course(s) 18, 28, or 38).

Parental Consent Statement

I clearly understand the recommendation and hereby give permission for the Alternative Education Program placement described above. I understand the rationale for and the implications of this placement and realize that my child:

- (a) will be working on Alternative 18, 28, and 38 level course(s) and other agreed-upon courses
- (b) will not meet the current admission requirements for post-secondary educational institutions
- (c) may discontinue the Alternative Education Program; however, my child will be required to complete all Regular Education courses in order to graduate with a Regular Education Grade 12.

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.