SCHOOL DISTRICT NO. 43 (COQUITLAM)

Learning Services Department

PARENTAL CONSENT FOR PROGRAMMING

Student's Name: _____

School: _____

Date of Birth: _____ (year) _____ (month) _____ (day)

Your son/daughter has been recommended to receive the following additional service:

_____

_____

_____

_____

As parent/guardian, I give my consent for this service and understand that I will be involved in the development of the goals and objectives of my son's/daughter's program, as well as kept informed of the progress he/she is making towards these goals:

Signatures: _____ Parent/Guardian Signature Date: _____

_____ Parent/Guardian Signature _____

_____ Principal Signature _____

Last revised: December 2016