**PLEASE PRINT CLEARLY**

|  |
| --- |
| Name:       |
| School:       | AB Ed ID #       | Grade:       |
| Birth Date:       | Age:       | Mobile #       |
| Address:       |  | Postal Code:       |
| Parent/Guardian:       | Phone:       |
| e-mail:       | Work:       |

**Parent Consent**

I hereby consent to the above-named student being placed in a registered work site for the purpose of Off-Campus education.

**I** understand that:

* the school or the board shall not be held liable or responsible for the student’s transportation to and from the workplace;
* there may be no remuneration;
* work and examinations missed in other classes must be completed;
* the student will be expected to;
* be prompt and regular in attendance at work,
* conform to company rules and regulations,
* accept directions and assessments from a work site or at the request of the employer by notice to the school Off-Campus Coordinator.
* the student may be withdrawn from a work site or at the request of the employer by notice to the school Off-Campus Coordinator.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference: Rocky View Schools Off-Campus Education Practice Guide

This form shall be completed with signatures before a student is permitted on a work site.

**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Student’s Name

Agree to hold in confidence all information regarding clients, policies and work materials that I may acquire or be privy to throughout my Work Experience with:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Employer’s Name

It will however, be necessary to share with my faculty advisor (Off-Campus Coordinator) general information that is pertinent to my educational experience.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness’ Signature Date

|  |
| --- |
| **EMERGENCY DATA** |
| Contact Person:       | Phone:       |
| Doctor:       | Phone:       |
| Does the student carry school accident insurance? [ ]  Yes [ ]  No |
| Medical conditions which may affect worksite placement:       |

This form shall be completed with signatures before a student is permitted on a work site.

**Return completed form to Off-Campus Coordinator**

*Reference:*

* AP216 Off-Campus Education
* Off-Campus Education Guide