**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* the student may be withdrawn from a work site or at the request of the employer by notice to the school Off-Campus Coordinator.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