



CAREER PROGRAMS

Career Program Parent Consent Form

To: The Staff of Career Programs Rockridge Secondary School.

Re: _____ Date of Birth: _____

(Student Name)

(Year / Month/ Day)

Home Telephone No: _____

I give me consent for my daughter/son who is 15 years old or older to participate in the Work Experience component of Career Preparation as arranged by the school. She/he will be responsible for transportation and attendance involved in this educational experience. She/he will also visit the worksite in advance of the work experience for an interview and to have a "Work Placement Agreement" form signed by the employer and parents.

I hereby grant permission to the West Vancouver School District School Board and Rockridge Secondary personnel to take photographs or video footage of my daughter/son while on Work Experience or Secondary School Apprenticeship. These pictures may be used in Career Programs publications, newsletters, calendars and on the website at anytime for purposes of program promotion and celebration of student successes.

Parent/Guardian Signature

Date

Parent(s)/Guardian(s) Name: Mother _____ Father _____

Father's Career: _____ Company Name: _____

Are you interested in being part of our Career Expo? Yes____ No____

Are you interested in taking in a Work Experience student for a day for job shadowing?

Yes____ No____

Mother's Career: _____ Company Name: _____

Are you interested in being part of our Career Expo? Yes____ No____

Are you interested in taking in a Work Experience student for a day for job shadowing?

Yes____ No____

For Emergency Use Only. MUST BE COMPLETED:

Name and Phone number of family doctor: _____

Business phone number of parent(s): _____

Medical insurance number: _____

Emergency alternate contact and phone # : _____

**Please return this form to the Rockridge Career Centre
Room E 102**