

SUPPLEMENTARY CONSENT FORM FOR MINORS

For staff use only – do not write in this section

Entered into TMS
Staff name _____
Staff signature _____
Date _____

The information provided in or in connection with this application is collected, used and disclosed under the authority of the *Ontario College of Trades and Apprenticeship Act, 2009 (OCTAA)*, the Regulations under the OCTAA, the College's by-laws, and other applicable laws or regulations.

Section A – Personal Information

1. Applicant Information

First Name	Middle Name or Initial	Last Name
Preferred First Name	Former Name (if any)	Date of Birth

2. Parent or Guardian Information

First Name	Middle Name or Initial	Last Name
Preferred First Name	Former Name (if any)	

Relationship to Applicant	Does the Applicant live with you?
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Email Address _____

Home Address (if more than one please enter your principal residence)	Home Phone Number	Cell Number
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Street Number	Street Name	Unit Number	P.O. Box
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City / Town	Province	Postal Code	Country
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Business Address	Business telephone number
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Street Number	Street Name	Unit Number	P.O. Box
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City / Town	Province	Postal Code	Country
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Section B – Declarations and Consent

Declarations of Accuracy and Consents for Application by Parent or Guardian

I declare that I am the custodial parent or guardian of _____.

I have read the application completed by _____ and confirm that the information contained therein is accurate and that I consent to the application being filed.

Signature of Parent / Guardian X	Date (yyyy/mm/dd)
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Additional Information

If you, the Applicant, are not able to have a parent or guardian sign the Supplementary Consent Form for Minors, please explain why.

Signature of Applicant X	Date (yyyy/mm/dd)
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