



**PARENTAL/GUARDIAN PERMISSION FOR THE TRANSPORTATION
OF SECONDARY SCHOOL STUDENTS - CO-OPERATIVE
EDUCATION AND WORK EXPERIENCE PROGRAMS**

GF 012

Note: Only Applies to School Approved Student Co-op and Work Experience Placement

School Year:

Dear Parent/Guardian of:

Description of Activity:

Co-operative Education or Work Experience students have options to travel to and from their Co-op or Work Experience placement. Read and sign the appropriate section(s) below, which pertain to your child.

I hereby give permission for my child to drive himself/herself to and from the Co-op placement via a personal vehicle.

Parent/Guardian Signature: Date:

I hereby give permission for my child to walk to and from the Co-op placement.

Parent/Guardian Signature: Date:

I hereby give permission for my child to take public transit to and from the Co-op or Work Experience Program placement.

Parent/Guardian Signature: Date:

I understand that all school activities, including the mode of transportation of my child to and from activities, have some inherent danger and I accept the risks and dangers. I understand that if my child elects to drive, she/he does so at her/his own risk; that my child is not authorized by the Board to transport other students; and, that my child is covered under my automobile insurance policy.

Parent/Guardian Signature: Date:

Personal information is collected under the legal authority of the *Education Act*, R.S.O.1990, Chapter E.2, and will be used to administer the Experiential Learning Program. This form will be kept on file for a period of one year after completion of the Course. Questions regarding the collection of this information should be directed to the Academic Consultant, Experiential Learning, Dufferin-Peel CDS Board, 40 Matheson Blvd. West, Mississauga, Ontario, L5R 1C5, (905) 890-0708/1-800-387-9501.

(June 2014)