



Wild Rose Public Schools

**Going the Distance School Completion
Parental Consent**

I/we, _____

(parent{s}/guardian{s}) give consent for _____

to participate in the Going the Distance School Completion Program.

In signing this consent I agree to the following:

- For my son or daughter to access a team teaching program between Wild Rose School Division and the Alberta Learning Distance Centre
- I/we will attend monthly meetings to review my child's progress in the Going the Distance Program
- I/we have read through my child's proposed program and agree to have my/our child participate
- I/we agree to allow the Going the Distance teacher to have contact and discussion with the following community agencies:

Name of consenting person

Relationship with Child

Signature of consenting person

Date

Name of consenting person

Relationship with Child

Signature of consenting person

Date