

## CDSBEO Parent/Guardian Consent Form

I have read and understand the request for my child to participate in the research study.

I have read the researcher's parental consent letter.

I have discussed it with my child and,

I give permission for my child to participate.

I do NOT give permission for my child to participate.

Name of Student: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Name of Student (if 18 years or older): \_\_\_\_\_

Signature of Student (if 18 years or older): \_\_\_\_\_

**Information Collection Authorization:** Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used to determine eligibility for research projects.

The information will be stored at the Board Office. Any questions with respect to this information should be directed to the Superintendent of School Effectiveness.

Users: Principal, Manager of Communications and Freedom of Information/Protection of Privacy

Copies to: 1. Principal 2. Superintendent of School Effectiveness