

## STUDENT CONSENT TO ENROL IN LOCALLY MODIFIED COURSE(S)

Student Name	Date of Birth
--------------	---------------

School	Grade
--------	-------

As a result of formal and informal assessment and consultation with parents/caregivers, teachers and educational personnel, it is the recommendation of the educational team that you be placed in the Locally Modified Course described below {include grade level and specific course(s)}.

---



---



---



---

I have discussed and fully understand the following:

- program goals and content,
- differences between Regular Courses and Locally Modified Courses,
- differences between a Regular Grade 12 transcript and a transcript that contains Locally Modified Courses, and the implications for career and other post-secondary choices,
- methods of program delivery, and
- reason for recommendation of the course(s).

I, \_\_\_\_\_ (student's name) agree with the placement in a Locally Modified Course(s) of Study at the \_\_\_\_\_ grade level.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Student passed on signing the consent form (circle if appropriate):      Yes

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

Note: This agreement form must be completed each year the student is enrolled in a Locally Modified Course(s). A copy must be provided for the parents and student, with the original retained in the student's cumulative file.