



**RAINBOW DISTRICT SCHOOL BOARD
SUDBURY SECONDARY SCHOOL
NIGHT SCHOOL**

Davidson St.
Sudbury, On
Phone: 675-5481 Fax: 675-6056

PRINCIPAL CONSENT FORM

The following student has indicated his/her intention to take the following credit course(s) in our Night School Program. In compliance with the policy of the Rainbow District School Board, the student must submit this form along with his/her registration form.

STUDENT NAME: _____

DATE OF BIRTH: _____

ADDRESS: Please fill out registration form _____

TELEPHONE #: _____

HIGH SCHOOL PRESENTLY ATTENDING: _____

COURSE(S) REQUESTED:

Subject:

Course Code:

Guidance Recommendations: YES NO

COMMENTS: _____

PRINCIPAL'S CONSENT

I hereby give my consent to the student named above to take the course(s) in your Night School Program as requested.

Principal's Signature

Date

X _____
PARENTS SIGNATURE IS REQUIRED IF STUDENT IS UNDER 18 YEARS OLD.

NOTICE OF COLLECTION OF PERSONAL INFORMATION IN ACCORDANCE WITH SECTION 29(2) OF THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, PERSONAL INFORMATION ON THIS FORM IS BEING COLLECTED UNDER THE AUTHORITY OF THE EDUCATION ACT, SECTION 10 AND WILL BE USED FOR THE PURPOSE OF ESTABLISHING A PUPIL RECORD. THIS INFORMATION WILL AUTOMATICALLY BE SHARED AMONG SCHOOLS WITHIN THE JURISDICTION OF THE RAINBOW DISTRICT SCHOOL BOARD FOR REGISTRATION PURPOSES. QUESTIONS REGARDING THIS COLLECTION SHOULD BE DIRECTED TO: SCHOOL PRINCIPAL, RAINBOW DISTRICT SCHOOL BOARD.

STUDENTS ARE RESPONSIBLE FOR BRINGING THEIR FINAL REPORT CARD TO THE GUIDANCE OFFICE OF THEIR HOME SCHOOL TO HAVE THEIR MARKS ADDED TO THEIR TRANSCRIPTS.