

## Guardian Permission Form

### STUDENT INFORMATION

Last Name

First Name

### GUARDIAN INFORMATION

Last Name

First Name

Phone Number

Email

Guardian will receive access to student the grade log. Access information will be sent to the email address provided above.

I \_\_\_\_\_ (name of guardian)

give \_\_\_\_\_ (student name)

permission to register and take part in course activities at Ontario Online Academy.

### DISCLAIMER AND SIGNATURE

This authorization is valid for the duration of the course and can be revoked in writing at any time. This consent is given voluntarily.

Signature (guardian) \_\_\_\_\_

Date \_\_\_\_\_