



# Parental Permission Form 2017 - 2018

## Wapaskwa Virtual Collegiate

Your child has expressed an interest in enrolling in one or more online courses with the Wapaskwa Virtual Collegiate (WVC). The WVC works in partnership with your child's attending school to offer interactive, teacher-led classes in an online format based on Manitoba Education curricula. Credits granted from WVC will be added to your child's attending school record at the end of the semester.

Please consider supporting your child with his/her educational program by monitoring their progress in this course(s) and encouraging them to communicate with the teacher(s) on a regular basis. You may contact WVC teachers, administrators and support staff with any questions you have about the course(s) or when you have concerns about their progress and/or effort.

Please indicate your permission by filling out and returning the bottom portion of this form. New permission forms are required annually. Completed forms can be returned to your child's attending school or faxed directly to (204) 477-4314. The attending school principal must give permission to support your child's enrolment in the WVC by returning the School Permission Form. Once both permission forms are received, the student account will be created and the log in information will be forwarded to the student and the attending school coordinator.

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### PARENTAL INFORMED CONSENT FORM

Name of Event: Wapaskwa Virtual Collegiate      Time Duration:  Sem 1 (Sept 2017 – Jan 2018)  
(check one)       Sem 2 (Feb 2018 – June 2018)

I / We understand and agree that my child may enroll in one or more courses with the WVC online program and work in partnership with the attending school which they are registered in for the indicated semester.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

#### Student Biographical Information (please print):

Last Name:		First Name:		Initial:
DOB: (DD/MMM/YYYY):	Home Tel:	Cell:	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:		City / Town:	Postal Code:	
Parent(s) / Guardian(s):				
Email contact information: Student:		Email contact information: Parent:		

#### Attending School Information (please print):

School Name:
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**Please complete the following and fax to (204)477-4314      Attention: Allison McDonald**