



NEW WESTMINSTER SECONDARY SCHOOL

**TAKE OUR KIDS TO WORK PERMISSION FORM
FOR ALL GRADE 9 STUDENTS
WEDNESDAY, OCTOBER 9, 2019**

Name of Block A Teacher: _____

My Last Name: _____ My First Name: _____

**ALL GRADE 9 STUDENTS AT NWSS WILL BE PARTICIPATING IN TAKE OUR KIDS TO WORK DAY ON
WEDNESDAY, OCTOBER 9, 2019**

Please complete all three parts of this form and return it to your Block A teacher by Wednesday, October 2, 2019. The first part is to be completed by the student, the second part by the parent/guardian, and the third part by the workplace sponsor (even if it is the parent).

PART 1 – STUDENT to complete:

I plan to investigate an occupation in the area of:

I agree to arrive at the specified time, to abide by all of the rules at the workplace and to follow the worksite expectations of confidentiality. I understand that I am under the authority of the adult I am accompanying to work.

Student Name (please print legibly)

Student Signature

PART 2 – PARENT/GUARDIAN to complete:

I authorize my child's participation in Take Our Kids to Work Day on Wednesday, October 9, 2019.
(Please check the appropriate box in each of Sections A and B.)

SECTION A

- Yes, my child will accompany me to work.
- Yes, I can host another _____ (indicate number) student(s) along with my own child.
- Yes, my child will participate and will be hosted by a relative, friend, or neighbor.

SECTION B

- Yes, my child may be photographed, interviewed, or videotaped during this day.
- No, my child may not be photographed, interviewed, or videotaped during this day.

PART 2 continued on back.....

PART 2 - PARENT/GUARDIAN ...continued

I understand that this is an observational experience only. I understand that neither New Westminster School District #40 nor the sponsoring employer can be held responsible for any injuries which may result from participation in the program. I hereby release New Westminster School District #40 and the sponsoring employer and their employees and agents from all manner of action suits, losses, damages or injuries, however caused, arising out of my child's participation in this program.

Parent/Guardian Signature

Date

PART 3 – WORKPLACE INFORMATION (to be completed by the job shadow host):

1. I will be taking _____ to work on Wednesday, October 9, 2019. I acknowledge that the student will be under my supervision for the hours indicated in No. 8 below.

2. _____
Host's Name (please print) Host's Phone Number

3. Relationship: Parent Relative Guardian Friend

4. _____
Host's Position in the Company/Organization

5. _____
Occupation

6. _____
Place of Employment Business Phone Number

7. _____
Full Mailing Address

8. The student will be at my workplace between the hours of _____

9. The student should bring a lunch: Yes No

10. My workplace is willing to provide a placement for _____ additional students.

11. _____
Signature Date