

CANADA SCHOOL

Canada eSchool Student Permission Form

Please print this form, clearly fill in all necessary information in dark ink and then email it to our office at info@myschool.ca

Parent/Guardian Information

(To be completed and signed by parent/guardian if student is under the age of 18)

Student First Name: _____ Last Name: _____

Student Email: _____

Parent First Name: _____ Last Name: _____

Phone Number: (Hm) _____ (Wk) _____

Parent Email: _____

I, _____, give _____ permission to
(Parental/Guardian name) (Student name)

register and take part in course activities at Canada eSchool

(Signature)

(Date)