

ILAC Toronto

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Minor Student Consent Form

The adult responsible for my child is (full name and contact information: Family name: First name: Date of Birth: Phone number: Address in Canada: Parent/Guardian Information: Home address: City: Country: Phone Number: Date: Name Print	tion): Signature
Family name: First name: Date of Birth: Phone number: Address in Canada: Parent/Guardian Information: Home address: City: Country: Phone Number:	tion):
Family name: First name: Date of Birth: Phone number: Address in Canada: Parent/Guardian Information: Home address: City: Country: Phone Number:	tion):
Family name: First name: Date of Birth: Phone number: Address in Canada: Parent/Guardian Information: Home address: City: Country:	tion):
Family name: First name: Date of Birth: Phone number: Address in Canada: Parent/Guardian Information: Home address: City:	tion):
Family name: First name: Date of Birth: Phone number: Address in Canada: Parent/Guardian Information: Home address:	tion):
Family name: First name: Date of Birth: Phone number: Address in Canada: Parent/Guardian Information:	tion):
Family name: First name: Date of Birth: Phone number: Address in Canada:	tion):
Family name: First name: Date of Birth: Phone number:	tion):
Family name: First name: Date of Birth: Phone number:	tion):
Family name: First name: Date of Birth:	tion):
Family name: First name:	tion):
Family name:	tion):
	tion):
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responsible for the student after class time.	
service through the school. The student will be in the care of the sci	
☐ to travel to, Canada and study at ILAC. I conf	irm that the student does not require accommodation
☐ departure transfer	
☐ arrival transfer	
(please mark):	
☐ to travel to, Canada and study at ILAC. The	student does not require the following service from ILAC
the time student is outside of the Accommodation Flogfall.	
the time student is outside of the Accommodation Program.	nowledge that ILAC is not responsible for my child during
☐ to have a sleepover at/with to I ack	(please indicate full name and
I acknowledge that ILAC is not responsible for my child during this t	me.
☐ to travel, Canada with	to
Please select the following where applicable:	
whose information is given above,	
	hereby give permission for my child,
I, (Parent/Guardian's full name)	
I, (Parent/Guardian's full name)	
Student's ID#: I, (Parent/Guardian's full name)	
Date of Birth: Student's ID#: I, (Parent/Guardian's full name)	