

Legislative Assembly of Ontario Model ParliamentAcknowledgement and Consent Form

Stu	dent Name (Please Print)
me	ereby acknowledge that I understand the requirements and commitment expected of for the Legislative Assembly of Ontario's 10-week Model Parliament program from stember to December 2021. I will actively participate by:
•	Contributing fully to all discussions • Always adhering to the Code of Conduct
•	Completing weekly • Attending scheduled weekly meetings*
una of a	ttendance at weekly virtual meetings is mandatory for all participants. If a participant is able to attend a scheduled meeting, they must notify staff in advance and provide proof absence if requested. If a student misses 2 meetings or does not submit 2 assignments hout prior dialogue with staff, they may be removed from the program.
I ha	ave discussed the program with my parent/guardian and wish to participate fully.
Stu	dent Signature Date
the of o	the parent/guardian of the student named above, I hereby acknowledge that I understand requirements and commitment expected of the student for the Legislative Assembly Ontario's 10-week Model Parliament program from September to December 2021. The ogram will be offered via a virtual platform of the Assembly's choosing. Students will be uired to check in online regularly for updates, assignments and meetings. Failure to comply h the attendance policy above, may result in a student's removal from the program.
	thermore, I give consent to the Legislative Assembly of Ontario to publish photographs d/or recordings of the virtual sessions to be used for promotional and educational purposes.
* N	ote: Digital signatures will not be accepted *
Pai	rent/Guardian Name (Please Print)

Date

Parent/Guardian Signature