



faith.
family.
flexibility.

635a Tranquille Road
Kamloops, BC V2B 3H5
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250 376 5118

CONSENT FORM

STUDENT'S NAME: _____

Due to my child's physical disability and/or special needs, their educational program may be modified. In order to provide a home-based instruction, the program will often include working individually with an Education Assistant. The following situations may occur with my child and the Education Assistant:

- Supervision in a setting where they are alone with my child
- Assistance with self care (For example: toileting, dressing, changing in the pool change room)
- Transportation between school activities

I agree to allow the Education Assistant to support my child as necessary for the implementation of their educational program.

Parent's Name

Parent's Signature

Date



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