**2018-2019 Grade 12 French as a Second Language Student**

**Participation - DELF**

Three steps must be completed to apply for participation in the project:

1. Complete this consent form.

2. Attach to the form a post-dated cheque for $50.00 (dated May 10, 2019), payable to ALCDSB. This cheque will not be cashed if the student completes the DELF examination. Return the form and the cheque to your FSL teacher by March 1st, 2019.

3. Register on line at bit.ly/ALCDSB\_DELF\_2019 by March 1st, 2019.

CONSENT FORM

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Same as the one entered on-line)***

I GIVE permission for my child to participate in the FSL Student Proficiency DELF Pilot Project.

My child has an Individualized Education Plan (IEP).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student (*please print*) Student’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian Parent/Guardian’s signature Date

(*please print*)  *(Required if child is under 18 years of age)*

Day time telephone number (parent/guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (parent/guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you have any questions, please contact Edie Bovey, Coordinator of Curriculum and Staff Development at* ***bovey@alcdsb.on.ca.***