Approval of Enrolment of a Minor

Langara College - Continuing Studies

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose birthday is on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Name of student) (dd/mm/year)

With my signature I give my approval of my child’s enrolment in the Langara Continuing Studies Course \_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CRN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

(Course title)  
  
I understand that my child will be participating in an adult education setting in the company of adults who may not have had a criminal record check and whom my child may not have had a prior acquaintance. This is also to acknowledge that I will take responsibility for my child’s conduct in complying with the rules of the college while attending the scheduled classes and activities.

Signature of Parent/Guardian:

Date:

Phone No.: Email address:

I have or will enrol in the same course as my child Yes 🞏 No🞏

(Office Use Only)

By my signature below, I acknowledge that having this minor in this class:

* should not create undue hardship or modifications to the content or delivery of this course
* should not impact the established learning outcomes for other students in this class

(Recommendation) *signature or email concurrence*

Instructor (print & sign)

(Recommendation) *signature before registration*

Program Coordinator/Manager (print & sign)

(Approval) *signature before registration*

Dean, Continuing Studies (print & sign)

*Note: Form not required if the minor has previously enrolled in Langara College Regular Studies or other public post-secondary institution in BC. Proof may be required.*

*\*Attach the ‘statement of registration’ to this form for files.*