



WINDSOR SECONDARY SCHOOL

931 Broadview Drive, North Vancouver, BC V7H 2E9

Telephone: 604-903-3700 Fax: 604-903-3701

TAKE OUR KIDS TO WORK DAY – PARENT/GUARDIAN CONSENT FORM

Please complete this form with student and parent signature if you student will be taking part.

Return to Careers Office at Windsor room 203 by Friday, OCT. 30TH

Student Name	Parent (Guardian) Information
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____

INFORMATION REGARDING SCHOOL ABSENCE:

Activity: **Take Our Kids to Work Day for Grade 9 students**

Date: **Wednesday, November 5th, 2025**

Workplace name: _____ Name of supervising adult: _____

Workplace Phone Number: _____ Workplace Address: _____

The school supports Take your Kids to Work day and the benefits of hands-on experiences in the area of Careers. In order to support this opportunity, we will not be running regular classes for grade 9s on Wednesday November 5th so that students and their parents can organize a workplace visit and students will not be “missing” anything at school. Please note that the school does not play a role in finding workspaces, making arrangements, or supervision. Families should canvas their network of family and friends and find a career experience that the student might be interested in. Your child has the right and responsibility to have a safe and educational workplace visit so please review any safety concerns that the workplace may have with your child. If you have additional questions about safety, contact the school or the workplace. Make sure to discuss transportation, lunch arrangements and appropriate clothing/safety attire.

All experiential learning programs, such as field trips, cooperative education, job shadowing and Take Our Kids to Work participation, involve certain elements of risk. Injuries may occur while participating in the activity without any fault of the student, the school board, or the host employer. By allowing your child to take part in this activity, you are accepting the risk that your child may be injured.

The school approves the above stated excused absence; however, school staff will not be supervising this event. The school will provide an alternate activity for any grade 9 students who choose to attend school on November 5, and not to take advantage of this valuable opportunity.

I understand that there are risks associated with visiting the workplace and have reviewed the elements of risks with my child. I give my permission for _____ to participate in TOKWD.

Student's Name (please print)

Parent/Guardian signature: _____ Date: _____

Student signature: _____ Date: _____