Parent/Legal Guardian/Student Consent for Referral and Enrolment

I, _____, being the parent/legal guardian of _____,
(Name of parent/legal guardian) (Student's name)

support this referral to The Infinity Program, and give consent for enrolment upon approval. I understand that The Infinity Program is an off-campus program that provides alternative learning experiences. I understand that, as part of the referral process, student information held by the referring school will be shared with TIP staff.

_____ _____
(Parent/legal guardian signature) (Date)

I, _____, student of _____ support my referral to The Infinity Program. I understand that this is an off-campus high school program that provides an alternative setting for my learning.

_____ _____
(Student Signature) (Date)

Date of Referral:

Student Information	
Student Name:	M.E.T.#
Date of Birth:	Age:
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