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| BW7LOGOB **AF 6220****Bluewater District School Board**351 1st Ave. N., Box 190, Chesley, Ontario N0G 1L0 (519) 363-2014 or 1-800-661-7509 Fax (519) 370-2909PERMISSION TO LEAVE SCHOOL PROPERTYDURING SUPERVISED STUDY PERIOD |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Bluewater District School Board will follow a quadmester timetable within the conventional model. There is a **supervised** study period each day within the timetable. Parents/guardians/adult students can sign the form below to give permission for the student to leave the school property during this study period. If a student opts to leave the school property, then they will not return to the school unless they ride a bus. Students that take a bus would be required to return to the school on time to catch their bus.**This form is required for each quadmester (the due dates are noted). If the days of the week that this permission applies to will be the same for each quadmester, one form may be filled out for all 4 quadmesters.****Please select each quadmester that you would like this permission form to apply to:** |  |
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|  | All 4 Quadmesters – Due September 10, 2020 |[ ]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | ***OR*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Quadmester 1 | – | Due September 10, 2020 |  |[ ]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Quadmester 2 | – | Due November 9, 2020 |  |[ ]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Quadmester 3 | – | Due January 28, 2021 |  |[ ]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Quadmester 4 | – | Due April 16, 2021 |  |[ ]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | I, |       | give my permission for my child/myself, |       |  |
|  |  | parent/guardian/adult student full name |  |  |  |  |  |  |  |  |  |  |  | student/adult student full name |  |
|  | to leave the school property for the entire study period, for the above noted quadmester(s). |  |
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|  | My child/I has/have permission to leave the school property during the study period (for the quadmester(s) selected above) on the following days of the school week (please select all that apply): |  |
|  | Everyday |[ ]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ***OR*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Monday |[ ]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Tuesday |[ ]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Wednesday |[ ]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Thursday |[ ]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Friday |[ ]   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | I understand that my child/I will not be supervised by Bluewater District School Board staff when they/I are off school property during the study period. |  |
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|  | I understand that this permission can be revoked at any time by contacting the principal of the school. |  |
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|  |  |  |  |       |  |  |  |  |  |  |
|  | Parent/Guardian/Adult Student Signature |  |  | Date of Signature (dd-mm-yyyy) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Retention: S19 Student Health and Safety - keep current year (1) |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Personal information on this form is collected under the authority of the Education Act, R.S.O. and will be used to manage student attendance during the supervised study period. Questions about this collection should be directed to the principal of the school. |  |
|  | Approved 08.26.2020  |  |