



Dear students, parents and guardians,

Your permission is required for the project (s) that might take place during the 2024-2025 school year.

Please check off the following items to indicate your willingness to participate:

Submitting samples of his/her work for the project(s).

Realising photographs and video images to be placed in the project(s)

Student's Name: \_\_\_\_\_ Level: \_\_\_\_\_

School: Dante Alighieri Society School of Italian language and Culture

Parent/guardian(s) or adult student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This is in accordance with the Government of Alberta's Freedom of Information and Protection of Privacy Act (FOIPP)