

## **Legislative Assembly of Ontario Model Parliament**Acknowledgement and Consent Form

Student Name	
I hereby acknowledge that I understand the requirements and commitment expected of me for the Legislative Assembly of Ontario's Model Parliament Program. I will actively participate by:	
<ul> <li>Contributing fully to all discussions</li> </ul>	Always adhering to the Code of Conduct
<ul> <li>Completing weekly assignments on time</li> </ul>	Attending all scheduled events and meetings*
* Attendance at all virtual and in-person meetings is mandatory for all participants <u>including the first</u> <u>meeting on November 6, 2025</u> . If a participant is unable to attend a scheduled meeting, they must notify staff in advance and provide proof of absence if requested. If a student misses 2 meetings or does not submit 2 assignments without prior dialogue with staff, they may be removed from the program.  I have discussed the program with my parent/guardian and wish to participate fully.	
Student Signature	Date
As the parent/guardian of the student named above, I hereby acknowledge that I understand the requirements and commitment expected of the student for the Legislative Assembly of Ontario's Model Parliament Program. The program will be offered via Microsoft Teams and in person at the Legislative Building in Toronto. Students will be required to check in online regularly for updates, assignments and meetings. Failure to comply with the attendance policy above, may result in a student's removal from the program.	
Furthermore, I give consent to the Legisla recordings of the sessions to be used for p	tive Assembly of Ontario to publish photographs and/or promotional and educational purposes.
* Note: Digital signatures will not be a	ccepted *
Parent/Guardian Name	

**Date** 

**Parent/Guardian Signature**