Form **Informed Consent for Student Programming Placement**			
Sask DLC		**Revised**	
		Level	**Campus**
		Submit to	**Campus Administrator (Cumulative Folder)**
		When	**As Required**

Student Name			
Birth Date (mm/dd/yyyy)			
Current Grade Placement		**Date**	

There has been a request for a change in placement for _____.
This request (describe current placement and request),
_____, was made by

☐ Parent/Guardian/Independent Student for the following reason:

☐ Sask DLC for the following reason:

Following the process outlined in the Student Placement Administrative Procedure, it is the recommendation that _____ be placed in the program described below

This recommendation is based upon the following factors:

_____ _____

Campus Administrator's Signature **Date**

As the parent/guardian of (student), I agree that the recommended placement described above is best for my child. ☐ **Yes** ☐ **No**

_____ _____

Parent/Guardian/Independent Student's Signature **Date**