

THE UPEI HIGH SCHOOL PHYSICS ENRICHMENT PROGRAM

# Parental Consent Form

I, \_\_\_\_\_ hereby give my consent to allow  
Parent or Legal Guardian Name (Please Print)

\_\_\_\_\_ to participate in the  
Name of Student (Please Print)

UPEI High School Physics Enrichment Program.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Please return the signed consent form to the student's school principal**