**Leadership/Mentorship Community Opportunity**

**WHO: Leaders and Mentors (20 spots max)**

**WHAT: City of Burnaby Focus Group for Programming and Facilities**

**WHERE: Burnaby North High School Room 202**

**WHY: Student Input**

**WHEN: WED., Sept. 25, 2019**

**Please note: It is VERY important that you show up once committed to this, arrive early and do your best to represent well. We received a grant for this training as it is usually a costly program to offer.**

**Please print:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) to participate in this leadership opportunity.

Please note that a drink and snack is included so please state if you have any allergies/food aversions. If none, please state NONE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please contact Elizabeth Byrne (Mentorship/Leadership teacher) at Elizabeth.byrne@burnabyschools.ca or call the school at the number above.



**Return this to Ms. Byrne in Room 202 by Monday, Sept. 23, 2019.**

**Leadership/Mentorship Community Opportunity**

**Please have your DAY ONE teachers sign this form and discuss with them what you will be missing for the day. Hand in your work promptly.**

If you have any questions/comments/concerns, please contact Elizabeth Byrne at Elizabeth.byrne@burnabyschools.ca or pop into Room 202 to chat.

|  |  |
| --- | --- |
| **Period 3****Subject:** | **Teacher Signature:****Comments:**  |
| **Period 4****Subject:** | **Teacher Signature:****Comments:**  |