

MUTUAL CONSENT FORM

This will confirm that consent has been given to allow the teacher listed below to teach a class or classes at a particular school for specific period of time even though the teacher does not have the qualification on the teacher's Record of Qualifications from the College of Teachers.

NAME:	
LOCATION:	
EFFECTIVE DATE:	
QUALIFIED SUBJECT AREA(S):*	
SUBJECT AREA(S) BY MUTUAL CONSENT:	

We the undersigned give consent to the teaching assignment listed above for the school year _____
to _____.

Signature of Teacher:	Date:
Signature of School Principal:	Date:
Signature of Board Representative:	Date:

***(according to the teacher's most recent College of Teachers' Certificate of Qualifications)**

Reference: *Education Act*