

**Outstanding High School Student - Science Award (OHSS-SA)
Consent Form – 2023**

Section 1: To be signed by a Parent or Guardian

This form acknowledges that _____ (Student Name) is being considered for an “**Outstanding High School Student - Science Award (OHSS-SA)**”.

I acknowledge that I am the parent or legal guardian of _____ and if they are selected, I agree they may visit the University of Toronto Scarborough on Thursday September 28th, 2023 and will ensure that they are provided with suitable transportation to/from the campus. I understand I will not be reimbursed for travel costs.

Parent/Guardian Signature

Date

Section 2: To be signed by the High School Principal

This form acknowledges that _____ (Student Name) currently holds excellent academic standing and will be in the either grade 11 or 12 of high school in the fall term of 2023.

If they are selected, I will permit the student to visit the University of Toronto Scarborough campus on Thursday September 28th, 2023 to receive the award and experience a day of mentoring/science exposure at the University.

Principal's Signature

Date

Name and Address of High School

Principal's E-mail

(only used as a 'cc' to winning student; or an emergency)

This consent form must be included in OHSS-SA application along with the student's essay, transcript copy, photo consent form and two references for the application to be considered complete.

Photo and Publication Consent Form

By signing this form, I consent to having my child's photo taken and grant permission to U of T Scarborough specifically and University of Toronto generally, to use my photograph for press and communications purposes related to the **Outstanding High School Student - Science Award (OHSS-SA) program**, including but not limited to press stories both in print and on the web. I understand the University and other press outlets may publish my name and picture as an award winner. I understand the photograph and/or text from my photo-essay may be including a press release or story.

I understand that my photos may be in circulation for a number of years, and that the images may be used in print or digital media formats. I also understand that since the University is a non-profit organization, I will not now, nor will I in the future, be in any way financially compensated for the use of my images.

I, (*print name*) _____, parent or official guardian of
(*child's name*) _____ hereby grant permission to the
University of Toronto Scarborough, its employees or representatives to take and use: photographs,
videotape and/or digital images of **my child** for use in promotional or educational purposes.

Print Name: _____

Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Contact Information:

E-mail: _____

Telephone: _____

Cell phone: _____