|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | | Examples of Previous Projects:  * Course on Microsoft Word * Building of Scale Models * Animal Husbandry * Video Production * Remote Control Technology * All Things Musical * Abstract Painting * Photography * Creative Writing * Personal Photo Journal * Wherever Your Heart takes you… | | PEACE WAPITI PUBLIC SCHOOL DIVISION NO. 76  EDUCATING TODAY FOR SUCCESS TOMORROW | |  | |  | | --- | | Enriched Personal inquirydon’t miss your opportunity to explore your interestsstudent led independent studyregister now for september and january projectsturn over for details | |  | | contact: Nicole Gillies 780-864-1616 nicolegillies@pwsd76.ab.ca  Heather Dunsworth  780-864-1615  heatherdunsworth@pwsd76.ab.ca | |  | |

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| Does the idea of creating your own project, excite you???  If so, bring this form home to your parents/guardians for registration: |

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Grade: \_\_\_\_
3. School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Contact Information (phone/email):

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

1. Where would I like to do my study (home, school, other)?
2. Background Information (my area of interest):
3. Details of my study…what am I going to: do/consider/sing/create/observe/paint/study/dance/draw/interview/perform, etc.?

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) approve the involvement of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student) in the Peace Wapiti School Division EPI program. I understand that there will be an in-school time commitment that is agreed upon between the school (administration and classroom teacher), student and family.

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

Parent/Guardian Signature Student Signature

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

Administration Classroom Teacher

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

Name of Participating School