

	ALBERTA ADVANCE ACADEMY 10435-76 Street NW Edmonton, Alberta, Canada T6A 3B1	Phones: Off: -780-466-7733 Off: -780-757-3456 Fax: -780-485-0507
WWW.AAAED.CA	OfficeAAA@SHAW.CA	AAAdmin@shaw.ca

Declaration:

[1] We are Alberta Advance Academy. Jurisdiction Code 2750 and School Code 2751

We rent our building from Headway School Society of Alberta. We are offering _____ a practicum opportunity from _____ to _____.

[2] Our Superintendent and initial contact person is Mr. Jagwinder Singh Sidhu.

[3] Mr. Sidhu then will assign the students to particular teachers who will be responsible for the student's paperwork.

[4] His email is AAAdmin@shaw.ca. His cell phone is 780-951-6677.

Office eMail is AAAoffice@shaw.ca, Mrs. Kaur 780-466-7733.

[5] We let **Early Childhood Teacher** Students and **Teacher Assistant Students**, have their practicums at our school. Of course before their practicum starts or after it finishes, they may also volunteer.

[6] Their government prescribed vaccinations, Canadian status, Police Clearance, and Application form responsibilities must be fulfilled.

[7] There is no compensation from AAA for practicums or volunteers.

[8] Students may start as soon as Mr. J. S. Sidhu permits them or their college allows them to.

[9] AAA or Headway School Society of Alberta is not liable for any work-related injuries.

Mr. Jagwinder Singh Sidhu, Superintendent.

[10] I, _____ (student) **understand that Alberta Advance Academy and Headway School Society of Alberta does not take any responsibility for our accidental or other injuries or illnesses that may occur from being at 10435-76 Street NW, Edmonton, Alberta, T6A3B1 from 8 AM to 5 PM or being with the students on the grounds or on the field trips.**

Position	Coordinator	Student	Date
Print Name:	_____	_____	_____
Signature	_____	_____	_____

Alberta Advance Academy;

Jurisdiction#: 2750

School#: 2751

ADDRESS: 10435-76 Street NW, Edmonton, AB, T6A 3B1

STUDENT NAME: _____ **eMail:** _____ **Phone:** _____

1. Who will be the contact person in your office for this work experience?

Name: Jagwinder Singh Sidhu

Phone Number: 780-951-6677

Email: AAAdmin@shaw.ca

2. Who will be directly supervising the student? Please print name and phone number

That will only be decided once the student has gone through an orientation and a teacher or teachers adopt the student!

3. Please list what duties you anticipate that the student will perform while on field placement?

The duties will be to assist the certified classroom teacher from KG - Grade12 at Alberta Advance Academy in a classroom setting.

AFTER ORIENTATION: To filled in later by the teacher.

4. Teacher Assigned

Name	
Grade	
Grade	
Grade	
Subjects – High School	
Phone Number:	
Email:	

Directions to the student

[1] Hand one Copy to the College.

[2] Bring back One copy to the Teacher on your first day.

[3] Take a copy to the college after the teacher fills her part in #4