



École Secondaire
OAK BAY
High School

Greater Victoria School District #61
<https://oakbay.sd61.bc.ca>

October 14, 2025

Dear Parents/Guardians:

As part of our commitment to fulfill the expected outcomes for the new Career Education curriculum, we invite you and your child to participate in the annual job shadow **"Take Our Kids to Work"** day that takes place on **Wednesday, November 5th**. The primary objective of **Take Our Kids to Work** is to link classroom learning with the workplace. This day provides all Grade 9 students an opportunity to see their parents or other adults in the workplace role, and to help them understand how the work they or other adults do support a family. This job shadowing initiative allows the entire community—parents, teachers, employers and workers—to play a part in the career development of Grade 9 students, and it supports learning outcomes for Career Life Education.

We encourage and thank you for your participation in this project. Students are required to have the signature of their parent/guardian on the attached form and to **return it to their Advisory teacher immediately**. Students will not be able to participate in this day if the consent form has not been signed and returned. If you are unable to make arrangements for your child to attend a place of work on November 5th, then your son/daughter is expected to attend school where work sessions will be in place.

If you have any questions or concerns, please contact me at 250.598.3361. Thank you for your help in making this a special and informative "Day at Work" for our students.

Sincerely,

Roxanne Taggart
Career Education Department Head
École Secondaire Oak Bay High School

TAKE OUR KIDS TO WORK DAY™ PARENT/GUARDIAN CONSENT

To be completed and signed by a parent or guardian and student, then returned to the school.

To the Parent/Guardian: Your child has the right and responsibility to have a safe and educational workplace visit. Health and Safety education is an important element of this program. Review this form with your child and sign below. If you have additional questions about safety, contact the school or the workplace.

Student's Name: _____ Block A Teacher's Name: _____

My child has my permission to participate in this program.

- ☐ My child may be photographed, interviewed or videotaped on **Take Our Kids to Work Day** by the workplace for the purpose of promotion, advertising and public relations purposes related to Take Our Kids to Work Day.
- ☐ The workplace is aware that my child will be visiting on Wednesday, November 5, 2025, between the hours of _____ and _____. We have discussed lunch arrangements and appropriate clothing/safety attire.

Parent's Name: _____ Workplace Name: _____

Telephone: _____

Address: _____

OR

My child will accompany a: (check one)

- ☐ relative ☐ friend ☐ community host

Contact's Name: _____ Telephone: _____

Workplace Name: _____

- ☐ A colleague at my workplace would be willing to host another student in need of a placement.

Colleague's Name: _____ Telephone: _____

Elements of Risk

All experiential learning programs, such as field trips, cooperative education, job shadowing and **Take Our Kids to Work** participation, involve certain elements of risk. Injuries may occur while participating in this activity without any fault of the student, the school board, or the host employer. By allowing your child to take part in this activity, you are accepting the risk that your child may be injured.

I understand that there are risks associated with my child visiting a workplace and I have reviewed the elements of risks with my child.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

To learn more about **Take Our Kids to Work Day**, please visit www.studentscommission.ca/#announcements.
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"TAKE YOUR KIDS TO WORK" EMPLOYER EVALUATION

Thank you for participating in the
2025 Take Your Kids to Work Day!

I am interested in receiving feedback on today's event,
could you please take a moment and complete the following evaluation.

Student Name: _____

School: _____

Place of Employment: _____

Was the student punctual? Yes _____ No _____

Was the student appropriately dressed? Yes _____ No _____

Did the student behave in a courteous
and respectful manner? Yes _____ No _____

Was the student's questions appropriate? Yes _____ No _____

Would you consider participating in another
job shadowing experience? Yes _____ No _____

Additional Comments:

Name of Employer: _____

Employer's Signature: _____

Date: _____