

NON-DISCLOSURE AGREEMENT

I, _____, understand that the Administration of Elmira District Secondary School, has granted me, permission to write my exam at an alternate time from the regularly scheduled time.

In accordance with the permission granted, I agree that I will not, under any circumstances, disclose to any person information related directly or indirectly to the exam.

We trust that you will follow-through on this non-disclosure agreement.

Student Signature

Parent Signature (if student is under 18 years of age)

Date

Vice Principal Signature