



# WEST MOBERLY FIRST NATIONS

PO Box 90 Moberly Lake, BC V0C 1X0  
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## K-12 Student Information Form

(Please complete **ALL** applicable items listed below.)

NAME:.....

FULL MAILING ADDRESS .....

HOME PHONE: .....

EMAIL: .....

SCHOOL NAME: .....

SCHOOL PHONE:.....

GRADE: .....

JACKET SIZE: (Adult / Youth / Child – S, M, L, XL) .....

### Education Records Consent of Release Form

(This release request is for the school year from **September 2014 to June 2015**).

- I hereby give my consent and authorize the school being attended by the child indicated above to release all information regarding that student's education to the manager and staff of West Moberly First Nations' Education Department. This includes all attendance records, academic progress reports, interim reports, quarterly or semester grade reports, behavioral contracts, special assessments and Individual Education Plans developed by local school district staff that pertains directly to my child's learning outcomes. Such information will be used in collaboration with the appropriate School District #59 staff to better assist this child's learning outcomes and it will be held in strict confidence by the manager and staff of West Moberly First Nation's Education Department. Additionally, I acknowledge that I am aware that some of the above-mentioned confidential information is required to be disclosed for funding purposes in annual federal government reports.
- I do not consent and/or authorize the school to release information regarding the education of the child indicated above.
- I **give my permission** for the child indicated above to be photographed during the school year and I further agree that the management and staff of West Moberly First Nations' Education Department may publish such photos or videos to promote West Moberly First Nations' educational and cultural goals as determined by that nation's Chief and Council.
- I **do not give my permission** for the child indicated above to be photographed during the school year.



We must receive this **completed** form before releasing the **school supply cheque** to you.

Parent(s)/Guardian: **(Please Print)** \_\_\_\_\_

Parent(s)/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_