

**K-12 Student Information & Consent Form - September 2022 to June 2023**

**STUDENT'S NAME:** ..... **STUDENT'S BIRTH DATE:** (m/d/y) \_\_\_\_\_

**STUDENT'S PROVINCIAL SCHOOL GRADE:**  K-5 and HIGHER – [NOT K-4 and NOT DAYCARE]

**(FOR GRADES K to 6 ONLY) STUDENT'S WINTER BOOT SIZE:** **Adult**  OR **Child**  (SIZE NUMBER): \_\_\_\_\_

**DO THEY HAVE AN INDIAN STATUS REGISTRATION NUMBER (ISR)?** ..... **Yes**  OR **No**

★ **Incomplete, inaccurate, or unclear forms will not be accepted**

CHECK ONLY ONE

**CONSENT TO RELEASE STUDENT EDUCATION RECORDS INFORMATION**

By **checking THIS BOX** and signing below, I hereby **GIVE MY CONSENT AND AUTHORIZE** the school that my child/ward is attending, as indicated below, to release all information regarding that student's education to West Moberly First Nations' Education Department Manager and staff. 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 this child's or ward's learning outcomes. Such information may be used in collaboration with the appropriate School District #59 staff to better assist this child's or ward'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.

**OR**

By **checking THIS BOX** and signing below, I am indicating that **I DO NOT GIVE MY CONSENT OR AUTHORIZE** the school to release information regarding the education of the child/ward indicated above.

**STUDENT PHOTO RELEASE CONSENT**

By **checking THIS BOX, I ALSO GIVE MY PERMISSION** for the child/ward indicated above to be photographed during the school year and I further agree that West Moberly First Nations' Education Department manager and staff may publish such photos or videos to promote West Moberly First Nations' educational and cultural goals as determined by WMFN's Chief and Council.

**OR**

By **checking THIS BOX**, I indicate that **I DO NOT GIVE MY PERMISSION** for the child/ward indicated above to be photographed during the school year.

CHECK ONLY ONE

**A. PARENT'S /GUARDIAN'S NAME [Please Print]**

\_\_\_\_\_

Parent's/Guardian's Signature:

\_\_\_\_\_

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

**B. PARENT'S OR GUARDIAN'S ADDRESS**

STREET OR BOX NUMBER .....

CITY ..... PROVINCE .....

POSTAL CODE ..... PHONE: .....

**C. STUDENT'S USUAL RESIDENCE** DURING THIS SCHOOL YEAR:  **ON** WMFN RESERVE  **OFF** WMFN RESERVE

PRIMARY (MAIN) PHONE NUMBER: .....

EMAIL (Please include this if you have one): .....

**D. SCHOOL NAME:** .....

SCHOOL ADDRESS: (If not within School District #59).....

SCHOOL PHONE: (If not within School District #59).....