



K-12 Student Information & Consent Form - September 2025 to June 2026

STUDENT'S FULL NAME: .....

STUDENT'S BIRTH DATE (m/d/y): .....

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

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

ISR NUMBER : .....



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

**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

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: ..... EMAIL: .....

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

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

**STUDENT'S EMAIL (Please include this if the student has one):** .....

D. SCHOOL NAME: .....

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

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

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# Important Information about the Annual K to 12 Student Information & Consent Form

The Education Department's annual ***K to 12 Information and Consent Form*** for WMFN parents and guardians is attached. Some members may be unaware that completing and returning this form is much more than a requirement to receive financial support for eligible students' ***SCHOOL SUPPLIES***. The information provided enables updating of **WMFN's Student Database** which is referenced throughout the school year for important student programs such as:

- ❖ **Federal Government Nominal Roll Report** (provides federal funding for schools where on-reserve students are enrolled to support their education).
- ❖ **ConocoPhillips Student Christmas Gifts Program** (***may*** donate Christmas gifts for on-reserve K-7 students).
- ❖ **North East British Columbia Consortium (NEBC) Stay in School Awards Program** (K-12 students' gifts & gift cards to celebrate WMFN students' school achievements each year).

***Furthermore***, PARENTAL CONSENT FORMS are ***legally required*** by schools to release information to the WMFN Education Department about member students who are enrolled in grades K to 12. Providing such information helps to identify those WMFN students who may benefit from **TUTORING AND OTHER SUPPORT SERVICES** which may prove to be of significant and enduring value to their school success.

With ***so much*** depending on the accuracy of the information provided, **PLEASE make sure that the information you provide is as ACCURATE AND COMPLETE AS POSSIBLE!**