



Student Support Services
McLeod Lake Indian Band
One form per child

Elementary/Secondary Application

Student Name: _____ Grade: _____
Date of Birth: _____ Status Number: _____
School: _____

1) AUTHORIZATION:

| | |
|------------------------|------------|
| Parent Name(s): | |
| Relationship to Child: | Email: |
| Address: | |
| Home Phone: | Work/Cell: |

SCHOOL DATES: FROM _____ TO _____

2) CONSENT TO RELEASE INFORMATION:

I authorize _____ (*insert school name*) to hereby release and/or allow:
 All reports generated within local School District Copy of Report Cards | Attendance
 Other: _____

I give permission To the MLIB Education Department to share pictures and updates for MLIB newsletter/website, displays and power point presentations, etc. to help promote our education programs, services and highlights throughout the school year.
 I do not give permission

3) MUTUAL EXCHANGE OF INFORMATION:

I hereby consent to the exchange of information between the local School District and the McLeod Lake Indian Band Education Department for the purpose of student support and educational planning: _____ (initial) Right to Obtain Verbal/Written _____ (initial) to Release Verbal/Written

This information is considered confidential and will be treated accordingly. Student files are open to parents and students as required. This form must be renewed yearly.

Print Name
My signature ensures I am the student, parent or legal guardian mentioned in this document.

Student/Parent/Legal Guardian Signature _____
Date

Office Use: _____
Date Application Received Received by: _____