



## Student Support Services McLeod Lake Indian Band

### 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 \_\_\_\_\_ to hereby release and/or allow:  
 All reports generated within 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 School District \_\_\_\_\_ and the McLeod Lake Indian Band Education Department for the purpose of student support and educational planning.

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

\_\_\_\_\_  
School Year: