



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: