



# F197 STUDENT WAIVER FORM

Williams Lake Indian Band (WLIB) - Education Department  
2672 Indian Drive, Williams Lake, BC V2G 5K9  
Telephone: 250-296-3507, Ext. 127

Please print clearly and complete the Form Accurately. *Making a false claim is unlawful.*

## LEGAL PARENT/CAREGIVER INFORMATION:

Parent/Caregiver Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

Student LAST NAME: \_\_\_\_\_

Student FIRST NAME: \_\_\_\_\_

Student's Status Card #: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Student ENROLLED SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

### PARENT/CAREGIVER AUTHORIZATION YEAR \_\_\_\_\_ - \_\_\_\_\_:

#### SCHOOL SUPPLIES FOR GRADES KINDERGARTEN (4) to GRADE 12

School Supplies Cheque will be direct deposited per student pending funding availability

Initials:

Does the WLIB Finance Department have parent and student/s bank information? Yes \_\_\_ No \_\_\_

I received WLIB Elementary & Secondary Policies & Procedures

Initials:

I received WLIB Education Extracurricular Application

Initials:

#### SCHOOL WAIVER

I, authorize the school to release my child's school information to the *WLIB Education Department* pertaining to the SD #27 MyEd Data Base, attendance, progress and grades; and authorize the *WLIB Education Department* to meet with the school faculty. I am assured the information obtained will remain Private and Confidential.

Initials:

#### SCHOOL INFORMATION

I am aware the WLIB Education Department may share my *Student's Information* with other departments within the WLIB.

Initials:

#### PICTURES

I, authorize the *Williams Lake Indian Band Education Department* to take pictures of my child for use in the Boo Maga, newsletters, displays, power point presentations, etc. to promote education programs and services.

Initials:

The *Williams Lake Indian Band Education Department* employee will keep the parents/caregiver informed of concerns at school and will ensure they are invited to meetings regarding my child.

\_\_\_\_\_  
PARENT/CAREGIVER SIGNATURE

\_\_\_\_\_  
DATE