



Williams Lake
FIRST NATION

F197 Student Waiver Form

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 2021 - 2022 :

SCHOOL SUPPLIES FOR GRADES KINDERGARTEN (4) to GRADE 12

School Supplies Cheque will be direct deposited per student pending funding availability **Initials:** _____

*Does the WLFN Finance Department have parent and student/s bank information? Yes*____ *No*____

I received WLFN Elementary & Secondary Policies & Procedures **Initials:** _____

I received WLFN Education Extracurricular Application **Initials:** _____

I received SD #27 Bus form ***Initials:*** _____

SCHOOL WAIVER

I authorize the school to release my child's school information to the *WLFN Education Department* pertaining to the Ministry of Education such as: My-Ed Data Base, attendance, courses, progress, and grades; and I authorize the *WLFN Education Department* to meet with the school faculty as our joint agreement within the LEA to support or advocate with the Family. I am assured the information obtained will remain Confidential. **Initials:** _____

SCHOOL INFORMATION

I am aware the WLFN Education Department may share my *Student's Information* with other departments within the WLFN. **Initials:** _____

PICTURES

I authorize the *Williams Lake First Nation Education Department* to take pictures of my child for use in the WLFN Face book page, WLFN Web page, community flyer, Tribune, displays, power point presentations, etc. to promote education programs and celebrations or activities. **Initials:** _____

The *Williams Lake First Nation Education Department* employee will email/call the parent/s-guardian when informed of concerns the school may have when unable to reach you about your child. Initials: _____

PARENT/CAREGIVER SIGNATURE

DATE