



F197 Student Waiver Form

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

LEGAL PARENT/CAREGIVER INFORMATION:

AUTHORIZATION YEAR: _____

Parent/Caregiver Name: _____

Home #: _____ Work : _____ Cell #: _____

E-Mail: _____ Emergency #: _____

Home/Mailing Address: _____ Care Card #: _____

Student LAST NAME _____ Student FIRST NAME: _____

Student's Status Card #: _____ Student's Date of Birth: _____

Student ENROLLED SCHOOL NAME: _____ GRADE: _____

SCHOOL SUPPLIES FOR GRADES KINDERGARTEN to GRADE 12

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

ONLY student/s bank information? (In child name)

Initials:

Yes No

I received WLFN Elementary & Secondary Policies & Procedures U41

Initials:

I acknowledge WLFN Education Extracurricular fund maximum is \$350.00

Initials:

I completed on-line SD #27 Bus form

Yes No

50/50 (If student lives on and off WLFN Lands) Both Parents signature Required

Yes No

TO THE SCHOOL - WLFN F197 WAIVER FORM:

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 or student. I confirm the information obtained will remain Confidential.

Initials:

The *WLFN Education Department* Supervisor will email/call the parent/s-guardian when informed of concerns the school may have when unable to reach you about your child.

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:

Parent/Caregiver Signature

Year Month Day

Parent/Caregiver Signature

Education Supervisor (Print name)

Year Month Day

Education Supervisor Signature