



# Williams Lake FIRST NATION

F197 Student Waiver Form SCHOOL YEAR \_\_\_\_\_

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

**LEGAL PARENT/CAREGIVER NAME:** \_\_\_\_\_

**On Reserve** \_\_\_ **Off Reserve** \_\_\_ **GENDER M** \_\_\_ **F** \_\_\_ **Prefer not disclose** \_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Emergency # \_\_\_\_\_

E-mail \_\_\_\_\_ **Students Email** \_\_\_\_\_

Home/Mailing Address \_\_\_\_\_ Care Card # \_\_\_\_\_

**Student LEGAL LAST NAME** \_\_\_\_\_ **Student LEGAL FIRST NAME** \_\_\_\_\_

**Nick Name:** \_\_\_\_\_

Student's Status Card # \_\_\_\_\_ Student DOB \_\_\_\_\_

**Court Order on file** \_\_\_ **51% Agreement on file** \_\_\_ **KS or MCFD Social Worker:** \_\_\_\_\_

ENROLLED SCHOOL NAME \_\_\_\_\_ GRADE \_\_\_\_\_

## **PENDING FUNDING AVAILABILITY K4 – Grade 12**

**School supplies** cheque will be direct deposited into the parents account per student

**Extra-curricular activities available for up to \$350/student.**

**Tutoring**

**Field Trips up to \$100**

**Incentives – grades, monthly attendance and graduation**

Does WLFN Finance department have direct deposit information for:

Parent \_\_\_ Yes \_\_\_ No

Student \_\_\_ Yes \_\_\_ No

*(If the finance department does not receive direct deposit information from either the parent or student funding cannot be processed)*

## **WLFN SCHOOL WAIVER FORM PARENT AUTHORIZATION**

I, authorize the school to release my child's school information to WLFN Education Department pertaining to Ministry of Education for purposes such as: **LEAP**, 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 Local Education Agreement (LEA) to support or advocate with the family or student. I confirm the information obtained will remain confidential. **Parents Initials** \_\_\_\_\_

## **SCHOOL INFORMATION:**

I am aware the WLFN Education Department may share my student's information with other departments within the WLFN. **Parents Initials** \_\_\_\_\_

## **PICTURES**

I authorize the WLFN Education Department to take pictures of my child that may be used in social media, newsletters, displays, power point presentations to promote education programs and services.

**Parents Initials** \_\_\_\_\_

Parent/Caregiver signature \_\_\_\_\_ Date \_\_\_\_\_

Education Department Staff Signature \_\_\_\_\_ Date \_\_\_\_\_