



Anishinabek Education System

Consent Forms (students over 16 years)

1. Collection, Use, Disclosure of Personal Information

I hereby provide consent to the Ontario Ministry of Education disclosing to the Kinooaadziwin Education Body and to the First Nation, of which I am a member, my personal information, including all of my school records which are in the Ontario School Information System (OnSIS).

This information includes age; gender; attendance; report card and course marks; achievements such as EQAO assessment results; credit accumulation and diploma; programs/services provided such as special education, including exceptionalities and placement information; and, if required, access to my Ministry of Education dataset.

I understand that this information sharing is for purposes of:

- i) planning or delivering education programs and services;
- ii) activities to improve or maintain the quality of education programs or services;
and
- iii) education research and statistical activities that will support student success and well-being.

I understand that the First Nation, the Kinooaadziwin Education Body and the Ontario Ministry of Education will maintain and protect the confidentiality of this personal information.

Signature of Student (if 16 years or older)

Date

2. Collection, Use, Disclosure of Personal Information to the Ministry of Education

I provide consent to the First Nation to disclose to the Ontario Ministry of Education, the following information: my name, date of birth, gender, and Ontario Education Number.

I understand that this is required to allow information sharing between the Anishinabek Education System and the Ministry of Education that will support:

- i) planning or delivering education programs and services;
- ii) activities to improve or maintain the quality of education programs or services;
and
- iii) education research and statistical activities that will support student success and well-being.

I understand that the First Nation, the Kinoomaadziwin Education Body and the Ontario Ministry of Education will maintain and protect the confidentiality of this personal information.

Signature of Student (if 16 years or older)

Date

Data and Information Sharing Consent Forms (16 years and older)

Student Information Form

Anishinabek Education System



The following information will be used in accordance with the Data and Information Sharing Agreement.

STUDENT INFORMATION (16 YEARS AND OLDER)		
Last Name:	First Name:	Middle Initials:
Date of Birth: (yyyy/mm/dd)		Telephone:
Address:		
	Province:	Postal Code:
Mailing Address: (<input type="checkbox"/> same as above)		
	Province:	Postal Code:
School Name:	Ontario Education Number (if known)	
First Nation/City/Town:		
CERTIFICATION (I certify that all of the information provided in this form is correct, to the best of my knowledge.)		
Signature of Student:		Date: