## 1. Collection, Use, Disclosure of Personal Information

I hereby provide consent to the Ontario Ministry of Education disclosing to the Kinoomaadziwin Education Body and to the First Nation, of which my child is a member, personal information about my child, including all of my child's 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 child's Ministry of Education dataset.

I understand that this information sharing is for purposes of:

- i) planning or delivering education programs and services;
- 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 Parent/Legal Guardian	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 child's name, date of birth, gender, and Ontario Education Number.

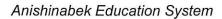
I understand that this is required to allow information sharing between the Anishinabek Education System and the Ministry of Education that will support:

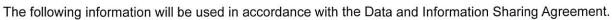
- i) planning or delivering education programs and services;
- ii) activities to improve or maintain the quality of education programs or services; and
- iii) education research and statistical activities that will support student success and well-being.

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 Parent/Legal Guardian	Date

## Data and Information Sharing Consent Forms (Younger than 16 years) Student Information Form





STUDENT #1				
Last Name:	First Name:		Middle Initials:	
Date of Birth: (yyyy/mm/dd)			Telephone:	
Address:				
	Province:		Postal Code:	
Mailing Address: (□ same as above)				
	Province:		Postal Code:	
School Name:		Ontario Education Number (if known)		
First Nation/City/Town:				
STUDENT #2				
Last Name:	First Name:		Middle Initials:	
Date of Birth: (yyyy/mm/dd)			Telephone:	
Address:				
	Province:		Postal Code:	
Mailing Address: (□ same as above)				
	Province:		Postal Code:	
School Name:		Ontario Education Number (if known)		
First Nation/City/Town:				
STUDENT #3				
Last Name:	First Name:		Middle Initials:	
Date of Birth: (yyyy/mm/dd)			Telephone:	
Address:				
	Province:		Postal Code:	
Mailing Address: (□ same as above)				
	Province:		Postal Code:	
School Name:		Ontario Education Number (if known)		
First Nation/City/Town:				
PARENT/LEGAL GUARDIAN INFORMATION				
Last Name:		First Name:		
Address:				
	Province:		Postal Code:	
Relationship to Student(s):	□ Parent		□ Legal Guardian	
CERTIFICATION (I certify that all of the information provided in this form is correct, to the best of my knowledge.)				
Signature of Parent or Legal Guardian:		Date:		