

Adult Education-Student Information/Consent Sheet

To be submitted by all students residing on Nipissing First Nation lands for School Board invoicing and Nominal Roll.

Please contact our office if your information changes throughout the school year.

A. Student's Information:

First Name:		Middle Name(s):		Last Name:	
Email:		Date Of Birth <small>YYYY /MM /DD</small>	Grade:	10 Digit Band Registry No. (if applicable)	
Home Address:				Band Name (if applicable):	
City:	Prov.	Postal Code:	Phone#:		
<p>From time to time educational information is received within our office that may be of interest to your student. Please provide your email address if you would like to be included in the distribution list.</p>					

B. School Information:

Name of Last School/School Board:	Grade:
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Authorization for Release and Exchange of Information:

I/We _____, of the address listed above,
(print full name – parent or guardian)
 hereby consent to the release and exchange of relevant information concerning _____
(student's name)
 between Nipissing First Nation Education Department and NNDSB- Adult Education.
(name of school board/organization)

Information received will be used:

- to support the NFN Education Department administrative responsibilities (i.e. with School Boards, and AANDC);
- to determine student eligibility for financial supports and incentives based on report card data; and
- to enable the NFN Education Department to work in partnership with Schools for the benefit of our students.

This shall be good and sufficient authority for so doing.

Signature	Date
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Student may cancel or change the above authorization(s) in writing at any time prior to the expiry date, unless action has already been taken on the basis of the authorization(s). This form will expire one year from the date signed.