

# Wahnapitae First Nation

#### 259 Taighwenini Trail Rd WFN CAPREOL ONTARIO POM 1H0

Phone: (705) 858-0610 Fax: (705) 858-5570 www.wahnapitaefirstnation.com

### Appendix A

### STUDENT INFORMATION FOR STUDENT SUPPORT ALLOWANCE

STUDENT NAME:	7.40
STREET ADDRESS:	
PARENTS PHONE/CELL #:	19/4
DATE OF BIRTH:	
STATUS #:	1/2
SCHOOL ATTENDING:	
STUDENT OEN NUMBER:	
GRADE ATTENDING:	
CHEQUE TO BE ISSUED TO:	
Parent/EMERGENCY CONTACT	
Email address:	
PARENT/GUARDIAN SIGNATURE:	

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### **AUTHORIZATION FOR RELEASE OF INFORMATION**

## Appendix B

I, tr	, the parent/guardian of, hereby give	<b>;</b>	
	(student's name) nuthorization to release my child's attendance records to the Education Dep Vahnapitae First Nation.	artment for	
OR	OR .		
l, _	,, having attained the age of 18, hereby give	<del>)</del>	
	(student's name) nuthorization to release my attendance records to the Education Dep Vahnapitae First Nation.	artment for	
l al	also authorize access to the following documents in the Ontario Student Rec	ord (OSR):	
	achievement records (progress reports);and or report cards	-89	
	identification, placement and review (IPRC) statement of decision, IPRC summary;		
	individual education plan (IEP);		
	notification and permission to attend in-school conferences;		
	notification and permission to attend school/system IPRC;		
	notification and permission for Education Counsellor to meet with the abstudent for the purpose of providing educational or career counselling;	ification and permission for Education Counsellor to meet with the above named dent for the purpose of providing educational or career counselling;	
		tion and permission for above named student, to be considered for any awards will be presented at the annual Student Awards in community (access to ement and attendance records necessary);	
	all other related materials and relevant personnel which pertain to the n student.	eeds of the	
	This authorization remains in effect until the end of the current academic year evoked in writing.	or until it is	
	Date Student's signature (having attained age	 18)	
	Date Cladent's signature (naving attained age	,	
	Date Parent / Guardian Signature		

This information, held in confidence, is collected in accordance with the Education Service Agreements between Wahnapitae First Nation and the Sudbury Catholic District School Board, Rainbow District School Board, in compliance with the Municipal Freedom of Information and Protection of Privacy Act.

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