



Xat'sull Education Department
 3405 Mountain House Road
 Williams Lake, BC V2G 5L5
 Phone: 250.989.2323 Ext: 104 Fax: 250.989.2300
 Email: educationmanager@xatsull.com

Student Waiver - required for reporting purposes.

Parent(s)/Guardian(s):			
Home Phone:		Message Phone:	
Email:			
Address On Reserve:	Circle one:	Mailing Address (include postal code):	
	Deep Creek or Soda Creek		

Name of Student:	Grade:	School:
Full birth name:	Full birth date:	Status #:

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Full birth name:	Full birth date:	Status #:

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Full birth name:	Full birth date:	Status #:

I hereby authorize the school(s) to release information about my child Xat'sull Education Department regarding: Address, Attendance, Grades, Progress, and any areas of concern.

 Parent(s)/Guardian(s) Signature

 Date

OR

I do NOT authorize the school(s) to release information about my child to the Xat'sull Education Department.

 Parent(s)/Guardian(s) Signature

 Date

Please note if you do not want us contacting the school(s) regarding your child, we will not do so. However, from time to time the school(s) may contact us with information regarding your child as we do have a Local Education Agreement with School District #27. If the school contacts us in an effort to get support for your children, the Education Department will contact you.

Please circle one: I DO or DO NOT give permission to release my child's name, grade & school to other Departments of Xat'sull so they may offer services to myself or my child.

Initial: _____