

<u>Xatśūll Education Department</u> 3405 Mountain House Rd D. Williams Lake BC V2G 5L5

Phone: 250 989 2323 ext 112 Email: education@xatsull.com

2025-2026 Student Waiver - On Reserve. Required for reporting purposes.

Parent(s)/Guardian(s):				
Main Phone:	Alter		nate Phone:	
Email:				
Address On Reserve:	ve: Check one:		Mailing Add	ress (include postal code):
	Deep Creek So	oda Creek		
Name of Student:		Grade	(K-12):	School:
Middle name/s:		Full birth date:		Status #:
Name of Student:		Grade (K-12):		School:
Middle name/s:		Full b	irth date:	Status #:
Name of Student:		Grade	(K-12):	School:
Middle name/s:		Full b	irth date:	Status #:
I hereby authorize or children to Xatśūll Educatio of concern.				rmation about my child or ides, Progress and any areas
Parent(s)/Guardian(s) Signature			Date	
Please check one:I DO c school to other Department Please note if you do not wa However, from time to time to have a Local Education a o get support for your child	s of Xatśūll so they may nt us contacting the sch the school(s) may conta Agreement with School	offer ser ool(s) rea act us wit District #	vices to myself or garding your ch h information r #27. If the school	r my child. ild, we will not do so. egarding your child as we ol contacts us in an effort
				Initial: