Xatśūll Education Department
3405 Mountain House Rd D. Williams Lake BC V2G 5L5
Phone: 250 989 2323 ext 151
Email: edcoord@xatsull.com

2026-2027 Student Waiver - On Reserve. Required for reporting purposes.

Parent(s)/Guardian(s):			
Main Phone:		**Alternate Phone:**	
Email:			
Address On Reserve:	**Check one:** ☐ Deep Creek ☐ Soda Creek	**Mailing Address** (include postal code)**:**	

Name of Student:	**Grade (K-12):**	**School:**
Middle name/s:	**Full birth date:**	**Status #:**

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Middle name/s:	**Full birth date:**	**Status #:**

I hereby ___ authorize or ___ do NOT authorize the school(s) to release information about my child or children to Xatśūll Education Department regarding: Address, Attendance, Grades, Progress and any areas of concern.

_____ _____
Parent(s)/Guardian(s) Signature Date

Please check one: ___I DO or ___DO NOT give permission to release my child's name, grade & school to other Departments of Xatśūll so they may offer services to myself or my child.

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.

Initial: _____