



Snuneymuxw

First Nation

www.snuneymuxw.ca

Consent for Exchange of Information with any Public/Private Schools

DATE: _____ SCHOOL YEAR SEP2023-JUN2024

Re: Student Name _____ Date of Birth _____

I/We: Names _____ Relationship to Child _____

Address:

Street Address,	City & Province,	Postal Code
SCHOOL NAME: _____		
CONSENT TO THE RELEASE AND/OR EXCHANGE OF ANY RELEVANT INFORMATION OF THE ABOVE IDENTIFIED CHILD/YOUTH FOR THE PURPOSE OF EDUCATIONAL SERVICES:		
<ul style="list-style-type: none"> To Snuneymuxw First Nation Education Department Between any Public/Private Schools and all confidential school relevant educational services; <ul style="list-style-type: none"> ➤ Advocacy Support/Parent Meetings ➤ Special Needs Services / Professional Referrals ➤ and/or any other program/service-staff accessed by the child/family who are involved with Snuneymuxw First Nation Education Department 		
<p>This information will be used to facilitate the development of child-specific educational programming in Public or Private Schools and community, to make referrals to other service providers, and for the administration of programs and services for the child/youth identified above.</p> <ul style="list-style-type: none"> It is agreed that any correspondence between Snuneymuxw First Nation Education Department and service provider will be copied to the parent/guardian 		

I/We understand that a signed Consent for Exchange of Information form is a condition of eligibility for support services. This is a continuing Consent that is valid until I/We revoke it by contacting Snuneymuxw First Nation Education Department Support Worker or Education Coordinator in writing and withdrawing my/our consent.

Name person Giving Consent	Signature: _____
Name of Person Witnessing	Signature: _____