## **Consent for Exchange of Information with any Public/Private Schools**

Public/Private Schools			
		SCHOOL	SEP2023-JUN2024
		YEAR	3EF 2023-JUN2024
		Date of Birth	
		Relationship	
		to Child	
Street Address,	City & Province,		Postal Code
I NIAME.			
L NAME:			
CONSENT TO THE RELEASE AND/OR EXCHANGE OF ANY RELEVANT INFORMATION OF THE ABOVE			
·		EDUCATIONAL	JERVICES.
Between any Public/Private Schools and all confidential school relevant educational services;			
<ul> <li>Advocacy Support/Parent Meetings</li> </ul>			
> 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			
<ul> <li>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.</li> <li>It is agreed that any correspondence between Snuneymuxw First Nation Education Department and service provider will be copied to the parent/guardian</li> </ul>			
es. This is a continuing Consen	t that is valid until I/	We revoke it by	contacting Snuneymuxw
	Signa	ure:	
	Street Address,  L NAME:  TO THE RELEASE AND/OR EXCUENTIFIED CHILD/YOUTH FOR INCOME.  In any Public/Private Schools and Advocacy Support/Parent Mesure Special Needs Services / Profest and/or any other program/sers Snuneymuxw First Nation Education will be used to facilitate the other Schools and community, to make of programs and services for the greed that any correspondence be provider will be copied to the greed that a signed Consent for Extend that a sig	Street Address,  L NAME:  TO THE RELEASE AND/OR EXCHANGE OF ANY RELITION TIPE CHILD/YOUTH FOR THE PURPOSE OF Interpretation of the purpose of the any Public/Private Schools and all confidential so Advocacy Support/Parent Meetings  Special Needs Services / Professional Referrals and/or any other program/service-staff accessed be Snuneymuxw First Nation Education Department on will be used to facilitate the development of child ate Schools and community, to make referrals to other to facilitate the child/youth identify are that any correspondence between Snuneymuxwall provider will be copied to the parent/guardian and that a signed Consent for Exchange of Information es. This is a continuing Consent that is valid until I/ducation Department Support Worker or Education Cont.  Signat	Date of Birth Relationship to Child  Street Address, City & Province,  L NAME:  TO THE RELEASE AND/OR EXCHANGE OF ANY RELEVANT INFORM IDENTIFIED CHILD/YOUTH FOR THE PURPOSE OF EDUCATIONAL Interpretation and Public/Private Schools and all confidential school relevant etc. Advocacy Support/Parent Meetings Special Needs Services / Professional Referrals and/or any other program/service-staff accessed by the child/fam Snuneymuxw First Nation Education Department  on will be used to facilitate the development of child-specific educate the Schools and community, to make referrals to other service provide to of programs and services for the child/youth identified above. Greed that any correspondence between Snuneymuxw First Nation Education will be copied to the parent/guardian  and that a signed Consent for Exchange of Information form is a contess. This is a continuing Consent that is valid until I/We revoke it by ducation Department Support Worker or Education Coordinator in v