



Parent/Guardian Release of Student Information Form

School District _____ and Seabird Island Band share key student information so that we can best support the success of all our students.

I, the undersigned, am the parent or lawful guardian of _____
who is a student at _____ School.

- ☐ I give permission for the school to share information about my child's records and progress with the Director of Education for Seabird Island Band, the Education Committee, and Seabird Health staff.

Name of Parent or Lawful Guardian (please print): _____

Signature of Parent or Lawful Guardian: _____

Date of Signing: _____

Address of Parent or Lawful Guardian: _____

Phone: Home _____ Cell _____ Work _____

Email Address: _____

***Please drop-off the completed form at Seabird Island Band office attention to the Director of Education or email to eatoedu@seabirdisland.ca. If you have any questions or requests regarding Seabird students school allowances, supplements, supplies or incentives you can use this email to call the Director of Education Executive Assistant 604-796-7223.**