



Consent for Release of Education Information

Christian Life School

2017-2018 School Year

(Fill in one form per student)

Date:	
To Previous School:	
Fax Number:	
Students Full Name:	
Date of Birth:	

The above-named student has now been registered at Christian Life School. As parent/guardian of this student, I hereby give my permission to send Christian Life School the following:

- A copy of the most recent Student Report Card
- Student File including: report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, Student Conduct Review Committee letters, all safety concerns, all records pertaining to behaviours/violence, including all suspension letters, records of discipline matters, and consequences/interventions, and behaviour plans.
- Permanent Student Record
- Individual Education Plan (IEP) if there is one for the student
- Special Services File if there is one for the student, including any confidential or other documents pertaining to the above-named student from Area Support Team Members such as Psychologists, Social Workers, Speech Language Pathologist, etc.
- I further consent to administrative or counselling staff speaking to Christian Life School regarding academic or behavioural programming.
- Two years progress reports received

I confirm I am the parent/guardian authorized to give permission for the above named individual:

Parent/Guardian Name

Parent/Guardian Name

Date

Office Use Only: Faxed Mailed Hand delivered Date _____

CALL US

Phone: 250 785-1437

Fax: 250 564-0729

WRITE US

Email: office@christianlifeschool.ca

Website: www.christianlifeschool.ca

VISIT US

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