CHRISTIAN LIFE SCHOOL

8923 112th Avenue
Fort St. John, BC V1J 6G2
Phone: (250) 785-1437 Fax: (250) 785-4852
www.christianlifeschool.ca Email: office@christianlifeschool.ca

CONSENT FOR RELEASE OF EDUCATION INFORMATION FORM 2025 - 2026

Student Full Name: _____

Date of Birth (mm/dd/yyyy): _____

Previous School: _____

Contact Number: _____ Fax Number: _____

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 -** File includes 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 (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

Office Use Only: ☐ Faxed ☐ Mailed ☐ Hand Delivered Date_____