



<b>ELEMENTARY AND SECONDARY SCHOOL RELEASE OF INFORMATION FORMS</b>
---

<b>Policy Type:</b>	Education Forms	<b>Initially Approved:</b>	08/25/2025
<b>Policy Sponsor:</b>	Education Department	<b>Last Revised:</b>	08/25/2025
<b>Primary Contact:</b>	Nathan St-Germain	<b>Review Scheduled:</b>	08/2026
<b>Approver:</b>	Chief and Council BCM WFN 25/26-08-146		

**A. REVISION HISTORY**

Date: (mm/dd/yyyy)	Motions
08/25/2025	BCM WFN 25/26-08-146

CHIEF: 



## CONSENT TO SHARE YOUR CHILD'S EDUCATION INFORMATION

Wahnapitae First Nation is committed to collaborating with the Rainbow District School Board to support the success and well-being of our children by working in partnership with families and schools. This is especially important for children facing challenges or those who may benefit from additional services or supports along the way.

You are receiving this consent form so that designated staff in the Education Department at Wahnapitae First Nation can have access, on an as-needed basis, to information about your child's academic performance and well-being to help support your child's success in school. Any support provided as a result of this consent will be guided by the Seven Grandfather Teachings: Love, Respect, Bravery, Honesty, Humility, Wisdom and Truth.

**I, the undersigned parent/guardian, authorize and consent to designated staff of the Wahnapitae First Nation Education Department to receive the following information from my child's school when requested:**

**Please check all boxes that apply:**

- ☐ Information regarding my child's attendance in elementary or secondary school (monthly)
- ☐ Information regarding my child's progress reports, report cards (per term/semester) and attendance records.
- ☐ Information regarding suspensions, expulsions or exclusions involving my child
- ☐ Information regarding my child's professional assessments, including referrals, results, and recommendations
- ☐ Information regarding the Identification, Placement & Review Report (IPRC) and the Individual Education Plan (IEP) of my child
- ☐ Information regarding my child's consideration for awards and achievements

With your consent, designated staff from the Wahnapitae First Nation Education Department may also attend meetings with you or advocate on your behalf with consent, at school meetings about your child.

**I, the undersigned parent/guardian/ authorize and consent to designated staff of the Wahnapitae First Nation Education Department being advised of and participating in the following:**

- ☐ School meetings regarding my child's well-being
- ☐ School meetings regarding professional education assessments of my child
- ☐ School meetings regarding my child's IPRCs and IEP development
- ☐ First Nation Education staff are permitted to meet with my child during school hours.

\*Parents/guardians will also receive this information and will be invited to participate in meetings or can consent to the Wahnapitae First Nation Education Director/Manager participating on their behalf.



This authorization will remain in effect for the duration of the school year and will be renewed annually.

**Note: You may contact your child's school at any time to revoke this consent.**

School:	Date:
Child's name:	Grade:
Parent(s)/Guardian(s) Name (Please Print):	
Tel: (Home)	Email:

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

First Nation Administration Office:

Education Director/Manager:	Designate:
Tel:	Tel:
Email:	Email:

*In accordance with the Municipal Freedom of Information and Protection of Privacy Act, personal information is being collected under the authority of the Education Act to obtain your consent to share your child's education information with your Wahnapitae First Nation community that has an Education Service Agreement with Rainbow District School Board. For more information, please contact the Principal of your child's school and the Wahnapitae First Nation Administration Office.*





## CONSENT TO SHARE YOUR CHILD'S EDUCATION INFORMATION

Wahnapitae First Nation is committed to collaborating with the Sudbury Catholic District School Board to support the success and well-being of our children by working in partnership with families and schools. This is especially important for children facing challenges or those who may benefit from additional services or supports along the way.

You are receiving this consent form so that designated staff in the Education Department at Wahnapitae First Nation can have access, on an as-needed basis, to information about your child's academic performance and well-being to help support your child's success in school. Any support provided as a result of this consent will be guided by the Seven Grandfather Teachings: Love, Respect, Bravery, Honesty, Humility, Wisdom and Truth.

**I, the undersigned parent/guardian, authorize and consent to designated staff of the Wahnapitae First Nation Education Department to receive the following information from my child's school when requested:**

**Please check all boxes that apply:**

- ☐ Information regarding my child's attendance in elementary or secondary school (monthly)
- ☐ Information regarding my child's progress reports, report cards (per term/semester) and attendance records.
- ☐ Information regarding suspensions, expulsions or exclusions involving my child
- ☐ Information regarding my child's professional assessments, including referrals, results, and recommendations
- ☐ Information regarding the Identification, Placement & Review Report (IPRC) and the Individual Education Plan (IEP) of my child
- ☐ Information regarding my child's consideration for awards and achievements

With your consent, designated staff from the Wahnapitae First Nation Education Department may also attend meetings with you or advocate on your behalf with consent, at school meetings about your child.

**I, the undersigned parent/guardian/ authorize and consent to designated staff of the Wahnapitae First Nation Education Department being advised of and participating in the following:**

- ☐ School meetings regarding my child's well-being
- ☐ School meetings regarding professional education assessments of my child
- ☐ School meetings regarding my child's IPRCs and IEP development
- ☐ First Nation Education staff are permitted to meet with my child during school hours.

\*Parents/guardians will also receive this information and will be invited to participate in meetings or can consent to the Wahnapitae First Nation Education Director/Manager participating on their behalf.



This authorization will remain in effect for the duration of the school year and will be renewed annually.

**Note:** You may contact your child's school at any time to revoke this consent.

School:	Date:
Child's name:	Grade:
Parent(s)/Guardian(s) Name (Please Print):	
Tel: (Home)	Email:

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

First Nation Administration Office:

Education Director/Manager:	Designate:
Tel:	Tel:
Email:	Email:

*In accordance with the Municipal Freedom of Information and Protection of Privacy Act, personal information is being collected under the authority of the Education Act to obtain your consent to share your child's education information with your Wahnapitae First Nation community that has an Education Service Agreement with Sudbury Catholic District School Board. For more information, please contact the Principal of your child's school and the Wahnapitae First Nation Administration Office.*





## CONSENT TO SHARE YOUR CHILD'S EDUCATION INFORMATION



Wahnapitae First Nation is committed to collaborating with the Conseil scolaire catholique Nouvelon to support the success and well-being of our children by working in partnership with families and schools. This is especially important for children facing challenges or those who may benefit from additional services or supports along the way.

You are receiving this consent form so that designated staff in the Education Department at Wahnapitae First Nation can have access, on an as-needed basis, to information about your child's academic performance and well-being to help support your child's success in school. Any support provided as a result of this consent will be guided by the Seven Grandfather Teachings: Love, Respect, Bravery, Honesty, Humility, Wisdom and Truth.

**I, the undersigned parent/guardian, authorize and consent to designated staff of the Wahnapitae First Nation Education Department to receive the following information from my child's school when requested:**

**Please check all boxes that apply:**

- ☐ Information regarding my child's attendance in elementary or secondary school (monthly)
- ☐ Information regarding my child's progress reports, report cards (per term/semester) and attendance records.
- ☐ Information regarding suspensions, expulsions or exclusions involving my child
- ☐ Information regarding my child's professional assessments, including referrals, results, and recommendations
- ☐ Information regarding the Identification, Placement & Review Report (IPRC) and the Individual Education Plan (IEP) of my child
- ☐ Information regarding my child's consideration for awards and achievements

With your consent, designated staff from the Wahnapitae First Nation Education Department may also attend meetings with you or advocate on your behalf with consent, at school meetings about your child.

**I, the undersigned parent/guardian/ authorize and consent to designated staff of the Wahnapitae First Nation Education Department being advised of and participating in the following:**

- ☐ School meetings regarding my child's well-being
- ☐ School meetings regarding professional education assessments of my child
- ☐ School meetings regarding my child's IPRCs and IEP development
- ☐ First Nation Education staff are permitted to meet with my child during school hours.

\*Parents/guardians will also receive this information and will be invited to participate in meetings or can consent to the Wahnapitae First Nation Education Director/Manager participating on their behalf.



This authorization will remain in effect for the duration of the school year and will be renewed annually.

**Note: You may contact your child's school at any time to revoke this consent.**

School:	Date:
Child's name:	Grade:
Parent(s)/Guardian(s) Name (Please Print):	
Tel: (Home)	Email:

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

First Nation Administration Office:

Education Director/Manager:	Designate:
Tel:	Tel:
Email:	Email:

*In accordance with the Municipal Freedom of Information and Protection of Privacy Act, personal information is being collected under the authority of the Education Act to obtain your consent to share your child's education information with your Wahnapitae First Nation community that has an Education Service Agreement with Conseil scolaire catholique Nouvelon. For more information, please contact the Principal of your child's school and the Wahnapitae First Nation Administration Office.*





## AUTORISATION DE PARTAGER LES INFORMATIONS SCOLAIRES DE VOTRE ENFANT

La Première Nation Wahnapiitae s'engage à collaborer avec le Conseil scolaire catholique Nouvelon pour soutenir la réussite et le bien-être de nos enfants en travaillant en partenariat avec les familles et les écoles. Ceci est particulièrement important pour les enfants qui rencontrent des difficultés ou qui pourraient bénéficier de services ou de soutiens supplémentaires en cours de route.

Vous recevez ce formulaire de consentement afin que le personnel désigné du Département de l'Éducation de la Première Nation Wahnapiitae puisse avoir accès, au besoin, aux informations concernant le rendement scolaire et le bien-être de votre enfant pour mieux appuyer sa réussite à l'école. Tout soutien fourni à la suite de ce consentement sera guidé par les Sept Enseignements Sacrés : l'Amour, le Respect, le Courage, l'Honnêteté, l'Humilité, la Sagesse et la Vérité.

**Je, soussigné(e) parent/tuteur, autorise et donne mon consentement au personnel désigné du département de l'Éducation de la Première Nation Wahnapiitae à recevoir, à la demande, les informations suivantes de l'école de mon enfant :**

- ☐ Informations concernant l'assiduité de mon enfant à l'école élémentaire ou secondaire (mensuellement)
- ☐ Informations concernant les bulletins scolaires, les rapports de progrès (par trimestre/semestre) et les registres de présence
- ☐ Informations concernant les suspensions, expulsions ou exclusions concernant mon enfant
- ☐ Informations concernant les évaluations professionnelles de mon enfant, y compris les recommandations, résultats et références
- ☐ Informations concernant le rapport du Comité d'Identification, de Placement et de Révision (CIPR) et le Plan d'Enseignement Individualisé (PEI) de mon enfant
- ☐ Informations concernant la considération de mon enfant pour des prix ou reconnaissances

Avec votre consentement, le personnel désigné du département de l'Éducation de la Première Nation Wahnapiitae peut également participer à des réunions avec vous ou vous représenter, avec consentement, lors de réunions scolaires concernant votre enfant.

**Je, soussigné(e) parent/tuteur, autorise et donne mon consentement pour que le personnel désigné du Département de l'Éducation de la Première Nation Wahnapiitae soit informé et participe aux éléments suivants :**

- ☐ Réunions scolaires concernant le bien-être de mon enfant
- ☐ Réunions scolaires concernant les évaluations pédagogiques professionnelles de mon enfant
- ☐ Réunions scolaires concernant les CIPR et le développement du PEI de mon enfant
- ☐ Le personnel de l'Éducation de la Première Nation est autorisé à rencontrer mon enfant pendant les heures scolaires

\*Les parents/tuteurs recevront également ces informations et seront invités à participer aux réunions ou peuvent donner leur consentement pour que le directeur/gestionnaire de l'Éducation de la Première Nation Wahnapiitae y participe en leur nom.\*





Cette autorisation restera en vigueur pour toute l'année scolaire et devra être renouvelée chaque année.

**Remarque : Vous pouvez contacter l'école de votre enfant à tout moment pour révoquer ce consentement.**

École :	Date:
Nom de l'enfant :	Année scolaire :
Nom(s) du/des parent(s)/tuteur(s) (en lettres moulées) :	
Tél. (domicile) :	Courriel :

Signature du parent/tuteur : \_\_\_\_\_ Date : \_\_\_\_\_

Bureau de l'administration de la Première Nation :

Directeur/Gestionnaire de l'Éducation :	Personne désignée :
Tél. :	Tél. :
Courriel :	Courriel :

*Conformément à la Loi sur l'accès à l'information municipale et la protection de la vie privée, les renseignements personnels sont recueillis en vertu de la Loi sur l'éducation afin d'obtenir votre consentement pour partager les informations scolaires de votre enfant avec votre communauté de la Première Nation Wahnapitae, qui a une entente de services d'éducation avec le Conseil scolaire catholique Nouvelon. Pour plus d'informations, veuillez contacter le directeur de l'école de votre enfant et le bureau administratif de la Première Nation Wahnapitae.*