**Blanket Parental Permission and Release Form – Private Vehicle**

**Native Education and Aboriginal Services**

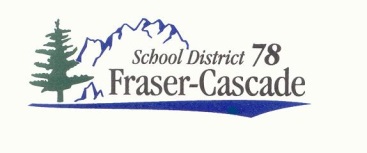
650 Kawkawa Lake Road

Hope, BC V0X 1L4

Phone: 604-869-2842

Fax: 604-869-7400





**PARENTAL PERMISSION AND RELEASE FORM – PRIVATE VEHICLE**

Excluding special Field Trip events, it is a possibility that a student may need to be driven somewhere (work experience, doctor, hospital, etc.) during school hours. In order for me to accommodate this, if necessary throughout the school year I must have written permission on file from each Aboriginal student’s parent/guardian.

I would appreciate it if you would complete the following Consent Form and return it to me to have on file in case I need to transport your child.

I give my permission and consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Student)

to ride in the private automobile belonging to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Name of First Nations Support Worker)

and driven by him/her, provided that s/he has provided a current Criminal Record Check, Driver’s

Abstract, and Application for Use of Private Vehicle/Volunteer Form to the school/district.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent/Guardian) (Date)



**Native Education, S.D. #78**

650 Kawkawa Lake Road

Hope, B.C. V0X 1L4

Phone: (604) 869-2842

Fax: (604) 869-7400

Email: miranda.cowan@sd78.bc.ca

**Aboriginal Education Consent Form**

I, the undersigned, am the parent or lawful guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is a student at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school and I confirm that he/she is First Nations or has Aboriginal ancestry and is entitled to all First Nation programs and services available at the school.

Please check off/complete the following and return this form to your child’s school:

My child is:

🞏 Métis 🞏 Status, living off-reserve 🞏 Non-status living on-reserve

🞏 Inuit 🞏 Status, living on-reserve 🞏 Does not have Aboriginal ancestry

🞏 Non-status, living off-reserve

If your child is status, please let us know his/her status number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Band of Residence (if living on reserve only):

🞏 Boothroyd 🞏 Cheam 🞏 Sq’éwlets 🞏 Sq’ewá:lxw

🞏 Boston Bar 🞏 Sts’ailes 🞏 Seabird Island 🞏 Spuzzum

🞏 Chawathil 🞏 Peters 🞏 Shxw’owhamel 🞏 Union Bar

🞏 Yale

🞏 I give permission to the First Nations Support Worker to:

🞏 give my child academic support in the classroom

🞏 provide emotional support, when necessary

🞏 work with my child to increase awareness of cultural diversity.

🞏 I give permission to the First Nations Support Worker to access student records, when necessary, in order to assist in the carrying out of his/her duties.

* I give permission for SD78 Child Care Counselors to meet quarterly with my child/children.

🞏 I give permission for SD78 (Fraser-Cascade) Native Education and Aboriginal Services to use any photographs of my child taken at school functions during the school year and to use my child’s name in association with the photographs for the Native Ed Year End Report and to be posted at the school during the school year.

🞏 *(For students living on reserve only)* I give permission for the school to share information about my child’s progress with the Education Manager of our Band.

Name of Parent or Lawful Guardian (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Lawful Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Parent or Lawful Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Text only 🞏)

*Aboriginal Education Consent Form, revised July 12, 2018*