**Forest Grove Elementary**

**PO Box 99**

**4497 Eagle Creek Rd.**

**Forest Grove, B.C. V0K 1M0**

**Phone: (250) 397-2962**

**Fax: (250) 397-2390**

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| **To** |  | **From** | **Natalie Brown (secretary)****Email: natalie.brown@sd27.bc.ca** |
| **Fax /Email** |  | **Date** |   |
| **Student** |  | **Birthdate** |  |

The above student(s) has registered at the above noted school as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please forward:

* **Student File:** including report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, student conduct, all safety concerns, suspension letters, records of discipline matters and consequences/interventions, behavior plans and any other pertinent information regarding the student(s).
* **Permanent Student Record Card**
* **Individual Education Plans (IEP):** if there is one for the student.
* **Support Services File (Confidential Files):** if there is one for the student including any confidential or other documents pertaining to the above student from Psychologists, Social Workers, Speech/Language Pathologists, Counsellors, Medical Reports, CDC reports, ISPP (planning tool), Adjudication, Behaviour Plans, Safety Plans, etc.

I confirm that I am the parent/guardian of the above named student. I hereby authorize you to release/share the above noted information about my child with School District #27 and to discuss information relevant to the planning of their school program with school district personnel.

\*\***This consent will expire 90 days after the date below.\*\***

Parent/Guardian Name Parent/Guardian Signature Date

(Please print)

 The information on this form is collect under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational

 purposes and, when required, may be provided to health services, social services or other support services as outlined in Section 97 (2) of the School Act.