



Splatsin Education Department

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5775 Old Vernon Road
Tel: (250) 838-6496
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www.splatsin.ca

CONSENT TO RELEASE 2024-2025 STUDENT RECORDS

STUDENT INFORMATION:

LEGAL LAST NAME: _____ LEGAL FIRST NAME: _____

STUDENT BAND #: _____

BAND NAME (IF NOT SPLATSIN): _____

SCHOOL: _____

PARENT INFORMATION:

LEGAL LAST NAME: _____ LEGAL FIRST NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

I, _____, parent/guardian of _____, hereby consent the Splatsin Education Department be provided information from the school records and/or staff, regarding academic performance and attendance and any other information pertinent to my child's education.

EFFECTIVE FOR THE 2024-2025 SCHOOL YEAR

PARENT/GUARDIAN

DATE

Return form to receptionist@splatsin.ca or in-person to the receptionist at the main office