

**CONSENT FOR CAFN EDUCATION STAFF TO WORK WITH
YOUR CHILD AND RELEASE OF PERSONAL INFORMATION**

I provide consent for the release of any or all of my child(ren)'s educational records to enable the Yukon Department of Education to provide summary data to the Champagne and Aishihik First Nations. Also, I hereby give consent to CAFN education staff to provide support and programs for my child within any of the Yukon schools.

This may involve working with confidential materials such as attendance and progress reports and meeting with students during and after school hours. If at anytime, I wish to withdraw this consent, I will submit a letter to the education Director or the education support worker to the CAFN office indicating my withdrawal and for which student(s).

Student's personal information is as follows for all my children

Full name including middle name, last name	Additional names (Known as)	Date of birth DD/MM/YR	City/Town Residing Name of school	Grade in Sept

Daytime Phone number: _____

Email address: _____

*Please note that we can send you activities and updates if your email is provided.

Signature of _____
Parent/Guardian _____ Date _____