



# CHAMPAGNE AND AISHIHIK FIRST NATIONS

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

This may involve working with confidential materials such as:  
 (Please circle what you consent to from the list below)

- Yes No I hereby give consent to CAFN education staff to provide support and programs for all of my child(ren) within any of the Yukon schools.
- Yes No I hereby give consent to CAFN education staff to communicate with teachers, school administration, other service providers and other CAFN staff (*Employment and Training Officer; Post-Secondary Officer; CAFN Case Manager*) in matters related to my child (ren) within any of the Yukon schools.
- Yes No I hereby give consent to CAFN education staff to communicate private information to its affiliates to ensure eligibility for scholarships, awards nominations, partnerships (i.e. *Dakwakada Development Corporation, CA Trust, etc.*).
- Yes No I provide consent for the release of my child(ren)'s educational records to enable the Yukon Department of Education to provide data to the Champagne and Aishihik First Nations Government, as follows:
- Yes No Release of attendance records (may be used to support regular attendance at school).
- Yes No Release of individualized reports from teachers, counsellors and administrators. This includes IEPs, behavioral plans, students support plans, school incident reports, etc.
- Yes No Release of reports cards and transcripts.
- Yes No Advocate on behalf of my child (ren) and myself. This includes attending school meetings, sitting in on disciplinary meetings, meeting with other agencies (your ESW will sit in on your behalf, take notes and relay information back to you).
- Yes No You can list any other subjects/materials you would like your ESW to have access to:

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All the information provided is kept confidential and access to these documents is restricted to CAFN Education Department Director and staff, on an as needed basis.

This consent form is valid for (please choose one of the options below):

- 1 year from the signing date
- From the signing date until my child(ren) graduates

If at any time I wish to withdraw this consent, I will submit a letter to the Director of Education or the Education Support Worker indicating my withdrawal and for which student(s).

This consent form applies to students listed below:

Full name including middle & last name	Additional Name (nick name)	Date of Birth (D/M/Y)	School and Grade

**Print Parent/Guardian Name:**

**Signature of Parent/Guardian:**

**Date:**

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