



Twain Sullivan Elementary School

SD#54 BULKLEY VALLEY
 Box 1300, HOUSTON, B.C. V0J 1Z0
 PHONE 250-845-2227

"WORKING TOGETHER, LEARNING TOGETHER"

MRS. MARY NETO, PRINCIPAL

CONSENT FOR RELEASE OF EDUCATION INFORMATION

| | | | |
|------------------|--|--------|--|
| DATE: | | | |
| PREVIOUS SCHOOL: | | | |
| EMAIL: | | | |
| STUDENT(S) NAME: | | GRADE: | |
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The above student(s) has/have registered at Twain Sullivan Elementary School. As parent/guardian of this/these student(s), I hereby give my permission to send Twain Sullivan Elementary School the following:

- **Student File**, including: report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, Student Conduct Review Committee letters, all safety concerns, all records pertaining to behaviour/violence, including suspension letters, records of discipline matters and consequences/interventions and behaviour plans.
- **Permanent Student Record**
- **Individual Education Plan (IEP)**, if there is one for the student(s).
- **Special Services File**, if there is one for the student(s), including any confidential or other documents pertaining to the above-named student(s) from Area Support Team Members such as Psychologists, Social Workers, Speech Language Pathologists, etc.

I further consent to administrative or counselling staff to speak to Twain Sullivan Elementary School regarding academic or behavioural programming.

If you are currently using MyEdBC, please withdraw this student from your school. If records for the above student(s) are not available at your school, please contact Twain Sullivan Elementary School as soon as possible.

I confirm I am the parent/guardian for the above-named individual(s).

 Parent/Guardian Name
(Please print)

 Parent/Guardian Signature

 Date