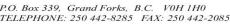
Grand Forks Secondary School P.O. Box 339, Grand Forks, B.C. V0H 1H0 TELEPHONE: 250 442-8285 FAX: 250 442-2085





TO: (Name of I	Previous School & Address or Fax #)				
Dear Sir or M	ladam;				
	rd at your earliest convenience the Perselow. If the information is not availab		and student file(s) indicat	ed for the	
	NAME	DOB	GRADE]	
all Special ed	ardian of I hereby authoration assessments and records if app B.C., V0H 1H0.				
I hereby inde	mnify School District #51 (Boundary)	from any action resu	alting from release of this	information.	
DATE:	SIGNE	D:			
Yours truly,	OATE: SIGNED: Signature of Parent/Guardian Yours truly				
Box 339, 133	ipal Secondary School I Central Ave. BC V0H 1H0 250-442-8285				
	FREEDOM ON INFORMATION & I	PROTECTION OF PRIVAC	Y		
November 1994 Stu In order to comply v strecord	idents Records: with FOI, student records must have the signed consent of	f the student/parent/guardian be	fore they are transferred to another ins	titution.	
Act", Section may be provi The informat Privacy Act. your local scl	al information on this form is collected as 13 & 97." The information will be ded to health services or other supportion collected on this form will be productions about the collection and whool or to the Information and Privacy BC V0H 1H0.	e used for educationary et services as outlined otected under the Fre use of this information	I program purposes and value of in Section 97 (2) of the sedom of Information and on should be directed to the	when required, "School Act". I Protection of the principal of	
	time school photos are taken which taken please relay that message to the		•	h your child's	
		Signature of	`Parent/Guardian		
Student Registration	Form				