



DISCLOSURE OF INFORMATION PARENT/GUARDIAN CONSENT FORM

- I agree to Fraser High School collecting personal information on:

(Student's Name)

- I understand the information will be held by the Deputy Principal in charge of

_____ 's progress and welfare.

(Student's Name)

- I agree to let the Principal or Principal's nominee of Fraser High School contact schools and other services involved with my child and give permission for information to be shared in the interests of my child.

- This excludes the following agencies (if applicable):

PARENT/GUARDIAN NAME: _____

SIGNATURE: _____

DATE: _____