



ST. MARY'S FIRST NATION EDUCATION DEPARTMENT

Date: _____

Parent's Name: _____
(Print)

Address: _____

Home Phone: _____ Cell Number: _____

E-mail: _____

Student Information: (Print)

First Name	Last name	Student DOB	Name of School Attending	Grade	Band Number

Received # _____	Frex Pass	Yes _____	No _____
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I give permission to St. Mary's Education Dept. to receive my child's final report card for the purpose of the Year End Awards

YES _____ NO _____

Signature: _____