



ST. MARY'S FIRST NATION EDUCATION DEPARTMENT

For the School Year 2019-2020

Parent's Name: _____ Band# _____

Address: _____

Home Phone: _____ Cell Number: _____

Email: _____

Student Information: (Please Print)

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

Received # _____ Frex Pass: Yes _____ No _____ Initial: _____

I give permission to St. Mary's Education Department to receive my child's final report card for the purpose of the Year End Awards

YES _____ NO _____

Signature: _____ Date: _____