



Anishinabek Education System
Data and Information Sharing Consent – Student Information Form

Instructions

Parent/Legal Guardian: A. Fill out Student Information (use another sheet if needed)
 B. Fill out Parent/Guardian information
 C. Sign and Date Certification

Student 16 years and older: A. Fill out Student Information
 B. Sign and Date Certification

STUDENT #1		
Last Name:	First Name:	
Date of Birth: (dd/mm/yyyy)	First Nation:	
Address:		
Town/city:	Province:	Postal Code:
Mailing Address: <input type="checkbox"/> same as above		
	Province:	Postal Code:
School Name:	*Ontario Education Number	
First Nation/City/Town:		
STUDENT #2 <input type="checkbox"/> Address same as above		
Last Name:	First Name(s):	
Date of Birth: (dd/mm/yyyy)	First Nation:	
Address:		
Town/city:	Province:	Postal Code:
Mailing Address: <input type="checkbox"/> same as above		
	Province:	Postal Code:
School Name:	*Ontario Education Number	
First Nation/City/Town:		
STUDENT #3 <input type="checkbox"/> Address same as above		
Last Name:	First Name(s):	
Date of Birth: (dd/mm/yyyy)	First Nation:	
Address:		
Town/city:	Province:	Postal Code:
Mailing Address: <input type="checkbox"/> same as above		
	Province:	Postal Code:
School Name:	*Ontario Education Number	
First Nation/City/Town:		
PARENT/LEGAL GUARDIAN INFORMATION		
Last Name:	First Name(s):	
Address: <input type="checkbox"/> same as above		
Telephone:	Province:	Postal Code:
Relationship to Student(s):	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian
CERTIFICATION (I certify that all the information provided in this form is correct, to the best of my knowledge.)		
Signature of Student (16 +) or Parent / Legal Guardian:		Date:

*Ontario Education Number may be found on the report card or by contacting your students' school.

1. Collection, Use, Disclosure of Personal Information

I hereby provide consent to the Ontario Ministry of Education disclosing to the Kinoomaadziwin Education Body and to the member's First Nation,

- of which I am a member, personal information, including all of my school records which are in the Ontario School Information System (OnSIS). This information includes age; gender; attendance; report card and course marks; achievements such as EQAO assessment results; credit accumulation and diploma; programs/services provided such as special education, including exceptionalities and placement information; and, if required, access to my Ministry of Education dataset.

or

- of which my child is a member, personal information about my child, including all of my child's school records which are in the Ontario School Information System (OnSIS). This information includes age; gender; attendance; report card and course marks; achievements such as EQAO assessment results; credit accumulation and diploma; programs/services provided such as special education, including exceptionalities and placement information; and, if required, access to my child's Ministry of Education dataset.

2. Collection, Use, Disclosure of Personal Information to the Ministry of Education

- I provide consent to the First Nation to disclose to the Ontario Ministry of Education, the following information: my name, date of birth, gender, and Ontario Education Number.

or

- I provide consent to the First Nation to disclose to the Ontario Ministry of Education, the following information: my child's name, date of birth, gender, and Ontario Education Number.

I understand that this is required to allow information sharing between the Anishinabek Education System and the Ministry of Education, and that this information sharing supports:

- i) planning or delivering education programs and services;
- ii) activities to improve or maintain the quality of education programs or services; and
- iii) education research and statistical activities that will support student success and well-being.

I understand that the First Nation, the Kinoomaadziwin Education Body, and the Ontario Ministry of Education will maintain and protect the confidentiality of this personal information.

Signature of Parent/Legal Guardian or
Student (if 16 years or older)

Date