

Walker Development Centre

525 Central Ave - Box 310 Grand Forks, BC V0H 1H0 250-442-5313

TO: (Name of Previous School)		
Dear Sir or Madam:		
Please forward at your earliest convenience the		nt file(s) indicated for the pupil listed
below. If the information is not available, please	e advise.	
Student Name	Date of Birth	Grade
<u> </u>		
As parent/guardian of I all Special education assessments and records if VOH 1HO. I hereby indemnify School District #51 (Boundary	applicable) to Walker Development	: Centre, PO Box 310, Grand Forks BO
Thereby indentiting serioor bistrice his I (boundar)	y nom any action resulting nomine	icase of this information.
Date: Signed:		
	Signature of Parent/Guardian	
Yours truly,		
T. Eccleston		
Principal		
FREEDOM ON INFORMA	ATION & PROTECTION OF PRIVACY	
November 1994 Students Records:		
In order to comply with FOI, student records must have the signed	consent of the student/parent/guardian before	they are transferred to another institution.streco

"The personal information on this form is collected by School District #51 under the authority of the "School Act", Sections 13 & 97." The information will be used for educational program purposes and when required, may be provided to health services or other support services as outlined in Section 97 (2) of the "School Act". The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your local school or to the Information and Privacy Coordinator, School District No. 51, (Boundary), Box 640, Grand Forks, BC V0H 1H0.

From time-to-time school photos are taken which may include your child. If you do not wish your child's picture to be taken, please relay that message to the administration of your local school.