

GRANT PARK HIGH SCHOOL



Mr. J. Hutchison, Principal
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ACCESS TO STUDENT INFORMATION CONSENT TO DISCLOSE PERSONAL INFORMATION TO PARENTS/GUARDIANS OF STUDENTS 18 YEARS OF AGE OR OLDER

Note: *This release form must be signed after the student reaches their 18th birthday and be returned to the School Administration Office.*

Student's Legal Last Name

First Name

Middle Initial

Date of Birth:

Year

Month

Day

I give **Grant Park High School** permission to release school-related information, such as academic progress, attendance records and conduct reports to my parents(s)/guardian(s).

I do not give **Grant Park High School** permission to release school-related information, such as academic progress, attendance records and conduct reports to my parent(s)/guardian(s).

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Telephone Number: _____ Student Cell Phone # _____

City: _____ Postal Code: _____

Dated this _____ day of _____, 20_____.

Student's Signature: _____

Witness (18 years or older): _____