

**STUDENTS OVER THE AGE OF 18/STUDENTS AGED 16 AND 17
WHO HAVE WITHDRAWN FROM PARENTAL SUPPORT
CONSENT TO SHARE INFORMATION**

STUDENT: _____
(please print name)

DATE OF BIRTH: _____

STUDENT CELL #: _____

STUDENT EMAIL: _____
(other than school email)

I give do not give my permission for the staff of Bernie Custis Secondary School to share information with the parents or guardians indicated in my student file.

Please note that the student is responsible for updating the main office of any changes in their personal information.

Student's Signature