

Wild Rose School Division
4912 43 Street
Rocky Mountain House, Alberta
Phone: 403-845-3376
Fax: 403-845-3850

INDEPENDENT STUDENT STATUS LETTER OF CONSENT

Student Name _____ **Date of Birth** _____

As an Independent Student at _____ School, I _____

Hereby consent that _____ & _____

are able to request and receive from the Administration and Staff of _____ School
and the WRSD Board, the following information pertaining to my High School
Records/Cumulative File including, but not limited to:

- Attendance reports
- Progress Reports
- Report Cards
- Representation on my behalf at/with:
 - Parent/Teacher Interviews
 - Graduation Information Meetings
 - Student Council Meetings
 - School Fee Invoices
 - Absences

Student Signature

Date