

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