



New Westminster Secondary School

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PARENT/GUARDIAN PERMISSION FOR RELEASE OF STUDENT SCHOOL RECORDS AND CONFIDENTIAL FILES

I, _____ PARENT/GUARDIAN OF
_____ HEREBY GIVE MY PERMISSION FOR
THE SCHOOL RECORDS AND ANY CONFIDENTIAL TESTING AND/OR REPORTS OF THE ABOVE-NAMED TO BE RELEASED TO NEW
WESTMINSTER SECONDARY SCHOOL COUNSELLING DEPARTMENT.

PARENT/GUARDIAN SIGNATURE

DATE

FOR OFFICE USE ONLY

To: _____

PLEASE FAX OR PHONE P.E.N. # ASAP.
THANK YOU.

THE ABOVE STUDENT IS NOW ENROLLED IN OUR SCHOOL. PLEASE FORWARD THE PERMANENT RECORD CARD, COUNSELLOR FOLDER, STUDENT LEARNING PLAN, PASSPORT TO EDUCATION (IF APPLICABLE), **AND ANY CONFIDENTIAL DOCUMENTS UNDER SEPARATE COVER AS APPROVED BY THE PARENT/GUARDIAN ABOVE** AT YOUR EARLIEST CONVENIENCE. THANK YOU.

NAME	BIRTHDATE			GRADE
	YEAR	MONTH	DAY	

PLEASE NOTE WE ARE **NOT** ON BCeSIS. PLEASE ENSURE THE STUDENT'S WHOLE PSR IS SENT. THANK YOU.

PLEASE CONTACT ANNE QUACKENBUSH, NWSS COUNSELLING AT 604-517-6219 WITH ANY QUESTIONS.