ST. MARY'S FIRST NATION EDUCATION DEPARTMENT

For the School Year **2026-2027**

Parent/Guardian

Name:_____Band#_____

Address:_____

_____

_____

Home Phone: _____ Cell Number: _____

Email: _____

Student Information: (Please Print)

First Name	Last Name	DOB	Name of School	Grade	Band Number	Gender M/F

I hereby agree to allow St. Mary's Education Department to share this information within ST MARY'S FIRST NATION DEPARTMENTS ONLY. _____YES _____NO

Signature: _____ Date: _____