



SNUNEYMUXW FIRST NATION EDUCATION
SCHOOL SUPPLIES AND SUPPORT APPLICATION FORM
GR. K5 – 12 SCHOOL YEAR: SEPTEMBER _____ TO JUNE _____

STUDENT INFORMATION	Student Family Name:	Given Name:	Birth date (MM/DD/YY)	Age:
	Band Name: <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve	Band #	Student's Email:	

PARENT/GUARDIAN INFORMATION	Legal Parent/Guardian	Relationship to child:	Mailing Address:	
	Postal Code:	Home Phone:	Work Phone:	
	Cell:	E-mail:	Message Phone:	
	EMERGENCY CONTACT NAME:	Relationship to Child:	Phone:	

SCHOOL INFORMATION	School Name:	School Address & Postal Code:
	Phone Number:	Your Child's Grade:

POLICY	<ol style="list-style-type: none"> 1. All services and supports provided will be in accordance with the Snuneymuxw Elementary/Secondary Policy 2. 90% attendance is required to be eligible for student allowance benefits for students in Grades 8 – 12 and not missing more than 1.5 days of school. Students must give permission for others to pick up student allowance. 3. All information on this form is required by Parents/Guardians to provide and should any information change please inform Snuneymuxw Education Department to update your child's student records 4. <input type="checkbox"/> Yes <input type="checkbox"/> No Permission to take pictures of my child, for Newsletter and Worldwide Web (see attached)
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CONSENT RELEASE	I hereby consent to the disclosure of my minor child _____ ALL Confidential School related Records and Professional Referrals, Special Needs Services to the Snuneymuxw First Nation Education Department and any other, for the purpose of advocacy for counseling support, determining educational plans, financial supports corresponding with ALL School Staff internally
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Parent/Guardian Signature:	Print Name:	Date
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INCOMPLETE FORMS WILL NOT BE ACCEPTED AND PHOTCOPY OF STATUS CARD REQUIRED