



STUDENT INFORMATION

Student Name	Birth date(m/d/y)	Age:
First Nation Name:	Band No#	Health care #
<input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve	Grade (circle one): K-5 1 2 3 4 5 6 7 8 9 10 11 12	
School Name	Mailing Address	Street Address:

PARENT/GAURDIAN INFORMATION

Legal Parent/Guardian:	Relationship to child:	
Mailing Address (include postal code):	Street Address:	
Home Phone:	Work Phone:	Cell Phone:

CUSTODY: (Please let us know if there are any custody issues. If you are separated please let us know the custody arrangement and who the school support payments go to. This will eliminate any hold up of funding.)

Sole Custody Joint Custody In Care (foster care) Other: _____

EMERGENCY CONTACT INFORMATION:

Name:	Relationship to child:	Phone:
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POLICY:

- All service and supports provided will be in accordance with the Education K-12 Student Support & Services Policies Revised February 2007.
- 90% Attendance is required to be eligible for travel and allowance benefit. Off reserve parents are responsible for submitting school attendance reports on a monthly basis.
- No travel benefit for students living less than 1.6 KM (1 mile) from school or if there is a bus service provided by the school district.
- To be completed by January 31st for Private School Applicants. Forms Received late will result in a month's delay in September travel and incentive cheques.
- Please complete this form in full and in ink for each child, do not put more than one on each form. **Originals Only.**

CONSENT

I hereby consent to the disclosure of my minor child _____ student records to the Squamish Nation Education department for the purpose of advocacy, counseling and determining education financial supports. The students records include: attendance, registration information, school fees, academic transcripts, teacher progress reports, special needs evaluations/Assessment Testing, behavioral concerns, expulsions, suspensions, special need services and professional referrals

Parent/Guardian Signature:	Date:
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FOR OFFICE USE ONLY

Date Received	JD Edwards Address No#	Payee Address Book #	Date Entered:
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