



SCHOOL SUPPORT FORM K5 – GRADE 12

***** ALL SCHOOL SUPPORT FORMS DUE MAY 31ST *****

STUDENT 1 INFORMATION

Legal Last Name, First Name:		Birth Date(mm/dd/yyyy)	Age:
Student Address (include postal code):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Nation's Band Name:	Band #	<input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve	
What grade will your child be entering:	<input type="checkbox"/> K-5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
Type of school: <input type="checkbox"/> Public School <input type="checkbox"/> Special Needs Private School <input type="checkbox"/> Private School		MSP Number:	
School Name:	School Mailing Address:	School Street Address:	

STUDENT 2 INFORMATION

Legal Last Name, First Name:		Birth Date(mm/dd/yyyy)	Age:
Student Address (include postal code):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Nation's Band Name:	Band #	<input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve	
What grade will your child be entering:	<input type="checkbox"/> K-5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
Type of school: <input type="checkbox"/> Public School <input type="checkbox"/> Special Needs Private School <input type="checkbox"/> Private School		MSP Number:	
School Name:	School Mailing Address:	School Street Address:	

STUDENT 3 INFORMATION

Legal Last Name, First Name:		Birth Date(mm/dd/yyyy)	Age:
Student Address (include postal code):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Nation's Band Name:	Band #	<input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve	
What grade will your child be entering:	<input type="checkbox"/> K-5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
Type of school: <input type="checkbox"/> Public School <input type="checkbox"/> Special Needs Private School <input type="checkbox"/> Private School		MSP Number:	
School Name:	School Mailing Address:	School Street Address:	

PARENT/GUARDIAN/CAREGIVER INFORMATION

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

Home Phone:	Other Phone:	Email:
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Caregiver/Foster Parent (if applicable):	Address (include postal code):
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Phone:	Other Phone:	Email:
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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: _____

POLICY:

- | | |
|--|---|
| <p>1. All service and supports provided will be in accordance with the Education Department's K4, Elementary and High School Student Support & Services Policies Revised May 2018.</p> | <p>2. Students living more than 1.6 KM (1 mile) from school or if there is NO bus service provided by the school district qualify for travel incentives.</p> <p>3. <i>Please complete this form in full – if you have more than 3 children, please use a second form.</i></p> |
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CONSENT

I hereby consent to the disclosure of my minor child's, _____, _____, and _____, student records to the Squamish Nation Education, Employment and Training department for the purpose of advocacy, counseling and determining education financial supports. Students records include: attendance, registration information, school fees, academic transcripts, teacher progress reports, special needs evaluations/Assessment Testing, behavioral concerns, expulsions, suspensions, special needs services and professional referrals. By typing my name in the provided area below, I confirm that all information provided is accurate and that I consent that the Squamish Nation Education Department and their agent's access to these records, and that this is considered a legal signature for these purposes.

Parent/Guardian Signature:	Date:
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FOR OFFICE USE ONLY	<input type="checkbox"/> TRAVEL (1.6km or more)	<input type="checkbox"/> ALLOWANCE	<input type="checkbox"/> SUPPLIES
	Date Received	Student JDE Address No#	Payee JDE Address No #
		Date Entered:	