



**K5 TO GRADE 12 SCHOOL SUPPORT FORM (SEPTEMBER - JUNE)****PARENT OR GUARDIAN INFORMATION**

Last Name	First Name	Relationship to Child
Main Phone		Email Address
Street Address (Street, City, Postal Code)		
Mailing Address (Street, City, Postal Code)		

**CAREGIVER OR FOSTER PARENT (IF APPLICABLE)**

Last Name	First Name
Email Address	Main Phone
Address (Street, City, Postal Code)	
<b>Custody:</b> Please let us know if there are any custody concerns or changes. If you are separated, please provide the custody arrangement and who receives the school support payments to prevent any funding holdups.	
Sole Custody      Joint Custody      In Care (Foster Care)      Other (please specify) _____	

**POLICY**

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.
2. Students living more than 1.6 KM (1 mile) from school qualify for travel incentives.
3. Please **complete this form in full**—if you have more than 2 children, please use a second form.

**CONSENT**

I hereby consent to the disclosure of my minor child(s), \_\_\_\_\_ & \_\_\_\_\_, student records to the Squamish Nation Education 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, inclusive education evaluations/assessment testing, behavioral concerns, expulsions, suspensions, inclusive education 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 for my child to work with Squamish Nation K-12 advocates and access student records.**

Parent/Guardian/Caregiver Signature	Date
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<b>FOR OFFICE USE ONLY</b>	Travel (1.6km or more)	Allowance (Grade 8-12)	Supplies
Date Received	Date Entered	Student JDE Address #	Payee Address #
			Office Initials



## K5 TO GRADE 12 PHOTOGRAPHY AND MEDIA CONSENT FORM

### PURPOSE OF THIS FORM

Our Squamish Nation Ta7lnewás (Education) Department is committed to celebrating and sharing the achievements, activities, and experiences of the students we support. To do this, we may occasionally take photographs and videos of children in school settings for use in educational materials, newsletters, social media, and promotional content.

We seek your consent to take and use photographs and videos of your child for the purposes outlined below. Please review the details below and indicate your preference.

Child's Full Name \_\_\_\_\_

Parent/Guardian/Caregiver Full Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### CONSENT DETAILS

I, the undersigned parent/guardian, grant permission for Squamish Nation Ta7lnewás (Education) Department to take photographs and/or videos of my child(ren) in school settings for the purposes outlined below:

#### **Yes, I give permission for my child(ren)'s photos/videos to be used in the following:**

- Internal reports and educational materials
- Newsletters and print publications
- Social media and website content
- Promotional materials (posters, brochures, etc.)
- Squamish community presentations and events

#### **No, I do not give permission for my child(ren)'s photos/videos to be taken or used.**

I understand that these images may be used without further notification, and I can withdraw my consent at any time by contacting the ASA team: [sn\\_asa@squamish.net](mailto:sn_asa@squamish.net) or 604-982-7600.

Parent/Guardian/Caregiver Signature \_\_\_\_\_

Date \_\_\_\_\_

If you have any concerns or specific requests regarding how your child(ren)'s image is used, please let us know.