



KITSELAS FIRST NATION

Application for School Supply Allowance 2022-2023

Student Information:

Last Legal Name:	<u>Select:</u> <input type="checkbox"/> Status Indian	Grade:
First and Middle Names:	<input type="checkbox"/> Non-Status <input type="checkbox"/> Other:	<u>School:</u> <input type="checkbox"/> Thornhill Primary (K-3)
Birthdate: (YYYY/MM/DD)	Status Card Number:	<input type="checkbox"/> Thornhill Elementary (4-6)
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	<u>Band Name:</u>	<input type="checkbox"/> Skeena Middle
Home Address:	<input type="checkbox"/> Kitselas <input type="checkbox"/> Other:	<input type="checkbox"/> Caledonia Secondary
Postal Code:	Email:	<input type="checkbox"/> Parkside Secondary
Phone Number:	Cell Phone:	<input type="checkbox"/> Centennial Christian
		<input type="checkbox"/> 'Na Aksa Gyilak'yoo (Kitsumkalum)
		<input type="checkbox"/> Other:

Lives With:

Select One: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Last Name:	
First Name:	
Relationship to Student	
<input type="checkbox"/> Mother	<input type="checkbox"/> Father
<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Step-Father
<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle
<input type="checkbox"/> Grand-Mother	<input type="checkbox"/> Grand-Father
<input type="checkbox"/> Guardian	

Note: Form must be completed and returned to calculate school supply allowance.

x One Form per Student

Please get additional copies from office.

Office Use Only:

--

By signing below, I agree to:

Consent to Release Student Records

As per section 10.5.1 of the Local Education Agreement, this consent authorizes Coast Mountains School District 82 OR Centennial Christian School OR 'Na Aksa Gyilak'yoo School and its school representatives to release student's academic records to the Kitselas Education Coordinator for my child.

Consent to Release Student Information

I authorize the Education Coordinator to share information about my child with the Social Development Department in order to participate in the hot lunch program. This information is limited to: first name, last name, school and grade.

Student Name: _____

Parent/Guardian Signature

Date