Kitselas First Nations **K-12 Application for school supply allowance for ON RESERVE students**

Student Information:

Last Name		School	
Given Names		Grade	
Gender (circle)	☐ Male ☐ Female	**Birthdate**	
Home Address Postal code		**Registered Indian**	☐ Yes ☐ No
		Band Name	
Telephone #		**Band No.**	

Office Use Only:

Lives With:

Please Circle one	☐ Mr. ☐ Mrs. ☐ Ms.
Last Name	
First Name	
Relationship to student (Circle one)	☐ Mother ☐ Grandfather ☐ Father ☐ Grandmother ☐ Aunt ☐ Stepfather ☐ Uncle ☐ Stepmother ☐ Partner Other:
	☐ Parent ☐ Guardian

Notes:

Note: Form must be completed and returned
To calculate school supply allowance
Please supply Direct Deposit forms for Grade 7-12

× One Form per Student

Please Get Additional Copies from Office

* Please return to CS Clerk (Brieanna) *

Consent to release student records

As per section 10.5.1 of the Local Education Agreement, this consent authorizes SD#82 & its School representatives to release students' academic records to the Kitselas Education Coordinator for my child _____
Child's name

_____ _____
Parent/Guardian Signature Date

No Cheques will be released until all required information is filled out