K-12 Education Support Form



LSLIB Member/Comm	nunity (On-Reserve)	LSLIB Memb	per (Off-Reserve) 2019/2020	
Student Information				
LEGAL LAST NAME	LEGAL FIRST AND M	IIDDLE NAME	GENDER MALE FEMALE	
BAND NAME	STATUS NUMBER		SCHOOL NAME:	
BIRTHDATE	STUDENT CELL # (if a	applicable)	SCHOOL PHONE:	
ADDRESS			GRADE:	
arent(s)/Guardian(s) I	FIRST NAME:	LAST NAME:	LAST NAME: FIRST NAME:	
MOTHER FATHER	OTHER, specify:	MOTHER [FATHER OTHER, specify:	
HOME ADDRESS LIVING W	VITH STUDENT (Same as above)	HOME ADDRESS	LIVING WITH STUDENT (Same as abov	
PHONE NUMBER:		PHONE NUMBER:		
PLACE OF EMPLOYMENT:		PLACE OF EMPLOYMENT:		
BUSINESS PHONE:		BUSINESS PHONE:		
EMAIL ADDRESS:		EMAIL ADDRESS	:	
Emergency Contact:				
		OFFICE USE (ONLY:	
Name:		Date Received:		
Relationship to Student:		Signature:		

K-12 Education Support Form



All service and supports provided will be in accordance with the Little Shuswap Lake Indian Band Education & Training Department K-12 Policy.

Pleas	e Chec	k Requested Supports/Services for Child of this Support Form:		
		K-7 School Supplies		
		Gr. 8-12 School Supplies		
		Student Allowance		
		Graduation Expense Funding		
		High School Graduation Award		
Please	note tl	he following requests require supported documentation to be attached to Form:		
		School Fees (will be paid directly to the school)		
School Organized Athletics		School Organized Athletics		
	Band/Choir Fees			
	Education-Related School Field Trips			
		Student Grant		
		Tutoring		
		Remedial Services		
		Education Assessments		
l h	ereby g	ive my permission to Little Shuswap Lake Indian Band to access the following information:		
Access to my child's School Attendance and Progress Reports (required for Supplies/Allowance)				
Access to my child's School Records (including IEP for academic school supports)				
	ereby co	ertify that all the information provided within this form is both complete and correct to the best wledge		
Pa	rent/Gu	uardian Signature: Date:		