



Leq'a:mel First Nation

43101 Leq'a:mel Way, Deroche, BC, V0M 1G0

Tel: 604-826-7976 Fax: 604-826-0362

STUDENT IDENTIFIERS MUST BE COMPLETED IN FULL TO BE PROCESSED

STUDENT INFORMATION:

Student Name:

Date of Birth:

Mailing Address:

Email:

Province/State:

Phone:

Town/City:

Status #:

Postal Code/ZIP:

Gender: Female, Male, Prefer not to say (circle)

Registered LFN Member: Yes/No (circle)

SCHOOL INFORMATION:

Grade Entering in September:

Full-time/ Part-time (circle)

School Attending:

School District #:

School Mailing Address:

Town/City:

CONSENT TO RELEASE STUDENT INFORMATION:

I, _____, the Parent/Guardian of the above-mentioned student, hereby agree to the Terms of the Issuance of the Student Allowance and to send this updated Student Identifier to the Leq'a:mel Education Coordinator at the end of each school year.

Additionally, I, _____, the Parent/Guardian, authorize Staff of Mission Public School District #75, and other BC School Districts, to release information about my child on Attendance, Conduct (Suspensions and Alternate Suspensions etc.), Social Emotional Learning and Mental Health & Wellbeing, Academic Progress, School Engagement (including Leadership Opportunities & Extra-Curricular Activities), School Services, External Agency & Community Services to the LFN Education Coordinator.

Verification of continued school enrollment is required to receive the student allowance.

Parent/Guardian Signature: _____

Date: _____



Please email to sheena@leqamel.ca Education Coordinator