

FINANCIAL ASSISTANCE APPLICATION ELEMENTARY / SECONDARY

PLEASE PRINT CLEARLY AND COMPLETE THE FORM ACCURATELY

1) PARENT/GUARDIAN INFORMATION

A) NAME:		B) EMAIL:	
D) BAND NAME:		E) STATUS #:	
G) ADDRESS:	CITY:	PROV.	POSTAL CODE:
H) HOME PHONE #:		I) CELL/OTHER #:	

2) CHILDREN(S) INFORMATION

NAME ALL CHILDREN, DATE OF BIRTH, STATUS NUMBER, SCHOOL NAME AND COMPLETE ADDRESS AND GRADE THAT ARE APPLYING FOR ASSISTANCE (KINDERGAREN - GRADE 12)

1. NAME:		STATUS #:	
DATE OF BIRTH:	GRADE:	SCHOOL NAME, ADDRESS & PHONE #:	
2. NAME:		STATUS #:	
DATE OF BIRTH:	GRADE:	SCHOOL NAME, ADDRESS & PHONE #:	
3. NAME:		STATUS #:	
DATE OF BIRTH:	GRADE:	SCHOOL NAME, ADDRESS & PHONE #:	
4. NAME:		STATUS #:	
DATE OF BIRTH:	GRADE:	SCHOOL NAME, ADDRESS & PHONE #:	

B) SCHOOL DATES: FROM _____ TO _____

I hereby, apply for financial assistance under the Elementary/Secondary student assistance program for the period indicated above. The above information is accurate and to the best of my knowledge. I agree:

- A) to provide proof of membership (i.e. Status card) at the begining of the school year,
- B) to provide a copy of the school marks at the end of each term,
- C) to report any changes to my address, phone number and/or student promptly AND
- D) that if I misinform the McLeod Lake Indian Band Education Department while receiving benefits, this will result in immediate termination of Band funding and possible returns of funds.

I consent To authorize the Education Department to meet with school staff concerning my child if applicable and called upon. I am assured that all of the information obtained will remain private and confidential.

I do not consent

I give permission To the Education Department to share pictures, updates and/or other for MLib newsletter, MLib website, displays, power point presentations, etc.. In order to promote our education programs, services and highlights throughout the school year.

I do not give permission

 PARENT / GUARDIAN SIGNATURE

 DATE

 PRINT NAME

OFFICE USE ONLY:

NEW STUDENT(S)

CONTINUING STUDENT(S)

APPLICATION APPROVED

APPLICATION DENIED

Why: _____

APPLICATION DEFERRED

Why: _____

Membership Category:

Indian Status:

On Reserve

Off Reserve

Non-Status

Severalty

COMMENTS: _____

DATE RECEIVED

AUTHORIZED SIGNATURE

PRINT NAME