



Education Elementary/Secondary Application

MLIB Education Department, General Delivery, McLeod Lake BC V0J 2G0

Phone: 250-750-4415 Fax: 250-750-4420 Website: www.mlib.ca

This information is confidential and will be treated accordingly. Student files are open to parents and students as requested. This form must be renewed yearly.

STUDENT AND SCHOOL INFORMATION

Name of Student		<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
Date of Birth (YYYY/MM/DD)	Status Number	First Nation Name	
Name of Parent/Legal Guardian		Cell Number	
Mailing Address		Email Address	
City	Province and Postal Code	<input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve (MLIB Members only)	

School Year: September 2022 to June 2023

School where the student is attending:

<input type="checkbox"/> Morfee Elementary	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Mackenzie Secondary	

Education support being applied for (Please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> School Supplies | <input type="checkbox"/> Public Transit |
| <input type="checkbox"/> Attendance Incentive | <input type="checkbox"/> Effort Incentive |
| <input type="checkbox"/> School Fees/Tuition | <input type="checkbox"/> Other: _____ |

I will need cooperation and an agreement from the parents to have a copy of the student's report card, and monthly attendance records from the school. Please note that it is the parent's responsibility to ensure that their child (ren) attendance/reports are faxed here on a regular basis. Not the MLIB Education Department nor is it the school's either.

INFORMATION RELEASE AUTHORIZATION

I hereby consent to the release of attendance and registration records from my child's school officials to McLeod Lake Indian Band (MLIB) for the purpose of confirming eligibility for education support.

Please make education allowance funds payable to: Student My Parent/Guardian by:

- Cheque delivered by: Pick up at reception Mail
 Direct deposit (Electronic Funds Transfer must be set up with MLIB prior)

MUTUAL EXCHANGE OF INFORMATION

I hereby consent to the exchange of information between the local School District and the McLeod Lake Indian Band Education Department for the purpose of student support and educational planning: _____ (initial), Right to Obtain _____ (initial) to release verbal/written

Signature <i>(Must be Parent/Guardian if applicant is under 19 years of age)</i>	Date:
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Office Use Only

School Supplies and Fees

<input type="checkbox"/> Kindergarten	\$30	Payable in August
<input type="checkbox"/> Grades 1 to 4	\$40	Payable in August
<input type="checkbox"/> Grades 5 to 7	\$75	Payable in August
<input type="checkbox"/> Grades 8 to 10	\$100	Payable in August
<input type="checkbox"/> Grades 11 to 12	\$150	Payable in August
<input type="checkbox"/>		

Public Transit

<input type="checkbox"/> Approved at standard public transit rate	\$
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Total Education Allowance	\$
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If the application or a portion thereof is denied, please state the reasons below:

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Name of Education Representative	Position
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Signature	Date
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