



Education Application

MLIB Education Department, General Delivery, McLeod Lake BC V0J 2G0
Phone: 250-750-4415 Fax: 250-750-4420 Website: www.mlib.ca

To be completed for students requesting an Education Support
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 2025 to June 2026			

School where the student is attending:

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

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

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

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 (Must be Parent/Guardian if applicant is under 19 years of age)

Date:

Office Use Only

School Supplies and Fees

<input type="checkbox"/> Kindergarten to Grade 6	\$125.00	Payable in August
<input type="checkbox"/> Grades 7-9	\$150.00	Payable in August
<input type="checkbox"/> Grades 10-11	\$250.00	Payable in August
<input type="checkbox"/> Grades 12	\$350.00	Payable in August
<input type="checkbox"/> Public Transit		During school months Sept to June upon submitting receipts
<input type="checkbox"/> Approved at standard public transit rate	\$	
<input type="checkbox"/> Technology Support. Once a lifetime support of \$1000.00 Grade 7-12 ONLY		upon submitting receipts

Total Education Allowance

\$

<input type="checkbox"/>	
If the application or a portion thereof is denied, please state the reasons below:	

Date:

Name of Education Representative

Signature
