



43101 Leq'á:mel Way Tel: 604-826-7976
Deroche, BC V0M 1G0 Fax: 604-826-0362

www.leqamel.ca

Please complete this form in its entirety. We require completed form to process payment.

STUDENT INFORMATION	
Full Name:	
Present Address:	
Birthdate (mm/dd/yyyy):	Member of: Leq'á:mel <input type="checkbox"/> Other <input type="checkbox"/> If other, please identify
Status: Yes <input type="checkbox"/> No <input type="checkbox"/> If status, please provide number	Email address:
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Phone number:
Are you residing on Leq'á:mel lands: Yes <input type="checkbox"/> No <input type="checkbox"/> If on another Reserve, please identify	
SCHOOL INFORMATION	
Grade Entering in September:	Attendance: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
School Name:	School District #:
Last school attended:	
CONSENT TO RELEASE INFORMATION	
By signing, I hereby authorize the school registrar to release student information concerning change of address, student attendance, student transcript information, student progress and grades to the Leq'á:mel First Nation. Consent to be authorized by parent/guardian.	
Cheque will be made payable to parent/guardian unless stipulated here:	
FOR OFFICE USE ONLY	
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Funding Amount:
If disapproved, explain:	
Authorized by:	Date: