



**Leq'á:mel First Nation
Membership services**

43101 Leq'á:mel Way,
Deroche, BC V0M 1G0
(604) 820-7976

OFF RESERVE STUDENT IDENTIFIER: K-12 Education (OFF RESERVE)

STUDENT INFORMATION

NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS:

STREET _____ TOWN/CITY _____

PROVINCE/STATE _____ POSTAL/ZIP CODE _____

PHONE: _____ EMAIL _____

REGISTERED LFN MEMBER YES _____ NO _____ GENDER: FEMALE __ MALE ____

SCHOOL INFORMATION

SCHOOL ATTENDING: _____ SCHOOL DISTRICT #: _____

SCHOOL MAILING ADDRESS:

STREET _____ TOWN/CITY _____

PROVINCE/STATE _____ POSTAL/ZIP CODE _____

PHONE: _____ EMAIL _____

MAIN SCHOOL CONTACT

PRINCIPAL _____ PHONE NUMBER: _____

GUIDANCE COUNSELLOR _____ PHONE NUMBER: _____

GRADE ENTERING IN SEPTEMBER: _____ FULL-TIME: __ PART-TIME: __

CONSENT TO RELEASE STUDENT INFORMATION

I, _____, as the parent/guardian of the above mention student, hereby agree to the terms of the issuance of the student allowance and agree to send in the verification note to the Leq'á:mel Membership Clerk at the end of each semester..

PARENT/GUARDIAN SIGNATURE: _____

ELIGIBILITY CRITERIA: PLEASE NOTE

In cases of joint or shared custody, verification of Guardianship will be required. It is the reasonability of the Parent/Guardian to sure that guardianship/custody papers are on file. No allowance will be issued until guardianship is verified. It is also the Parent/Guardian responsibility to ensure that verification of continued enrollment is sent directly to the Leq'á:mel membership clerk at the end of each semester. **Verification of continued enrollment is required in order to receive the student allowance.** It is also the Parent/Guardian responsibility to ensure that the band is informed if a student withdraws from study. Verification of enrollment can be emailed to the Leq'á:mel membership clerk at membershipclerk@leqamel.ca. Verification note is attached to this application and may also be downloaded from the Leq'á:mel website at www.leqamel.ca under member services.

FOR OFFICE USE ONLY

Student School Supply Allowance:\$221.00

Funding Amount: Approved: __ Yes __ No ____

Payable to: __ Student __ Parent/Guardian

Monthly Student Allowance: Grades 8 – 10 \$11.00 Grade 11 - \$22.00 Grade 12 - \$33.00

Explanation, if disapproved: _____

AUTHORIZED BY:	DATE:
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OFF RESERVE STUDENT IDENTIFIER: Grades 8 – 12

TO BE COMPLETD BY PARENT/GUARDIAN

STUDENT INFORMATION

NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS:

STREET _____ TOWN/CITY _____

PROVINCE/STATE _____ POSTAL/ZIP CODE _____

PHONE: _____ EMAIL _____

SCHOOL INFORMATION

SCHOOL ATTENDING: _____ SCHOOL DISTRICT #: _____

SCHOOL MAILING ADDRESS:

STREET _____ TOWN/CITY _____

PROVINCE/STATE _____ POSTAL/ZIP CODE _____

PHONE: _____ EMAIL _____

I, _____ hereby consent to School District representative to release the information below to the Leq'a':mel Membership Clerk at membershipclerk@leqamel.ca

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

TO BE COMPLETD BY SCHOOL REPRESENTATIVE

I, _____, hereby verify that I am the Principle/or Guidance Councillor at _____ School and can verify that _____ is enrolled full time as a student at _____ School.

SIGNATURE: _____ DATE: _____

This verification form must be completed and sent to Leq'a':mel First Nation by either email or regular Mail.

By email - membershipclerk@leqamel.ca

MAILING ADDRESS

Leq'a':mel Membership Clerk
Leq'a':mel First Nation
43101 Leq'a':mel Way,
Deroche, BC
V0M 1G0