



Stó:lō Nation

Building 5 – 7201 Vedder Rd. Chilliwack, BC V2R 4G5

Telephone: (604)847-3299 Fax: (604)858-4741

STUDENT SCHOOL RECORD WAIVER FORM
2011-2012

“Please print clearly and fill out ENTIRE FORM. No Faxes
Missing information may cause a delay in receiving your cheque.”

| | | |
|--|----------------|------------|
| First Name: | Middle Name: | Last Name: |
| Date of Birth (M/D/YYYY): | Male/Female: | |
| S.I.N. Number: | | |
| Band Registered With: | Status Number: | |
| Band Living On: | | |
| Home Address: <small>(Please include postal code)</small> | | |
| Mailing Address <small>(if different than above)</small> | | |
| Phone Number: | Email Address: | |

School Information

| |
|---|
| Name of School Attending: |
| Grade as of September 2011: |
| Did you receive funding last school year: |
| Last School Attended: |

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. Student Admissions to: Stó:lō Nation Education Division.

I understand that I am responsible for paying school fees (such as, locker rental, sports fees, grad fees etc).

_____ If you would like Sto:lo Nation Education to pay directly to the school on your behalf, please initial and you will not receive an allowance as payments will be applied directly to your school fees

We require your completed form to process payment

Please have your Completed Waiver in to Stó:lō Nation Education Department no later than August 12, 2011

For all students under the age of 19, checks will be issued in parent/guardians name.If you would like Direct Deposit, please attach a void check or direct deposit form.

Name: _____

Signature: _____

Date: _____

| For Office Use Only | |
|-------------------------------------|--------|
| Complete <input type="checkbox"/> | Amount |
| Incomplete <input type="checkbox"/> | |

*One form needs to be filled out for every child attending K-12