



P.O. BOX 544, TERRACE, BC  
CANADA V8G 4B5  
Phone: (250) 635 6177 (104)  
Fax: (250) 635-4622

## K – 12 SCHOOL SUPPLY AND INCENTIVE FUNDING

*To be eligible for this funding, your child/youth must live on reserve in Kitsumkalum and attend a K-12 school in Terrace. After completing **ALL SECTIONS** on this form, please **RETURN** it to the Education Coordinator for a review of incentives.*

### PARENTAL CONSENT TO RELEASE EDUCATIONAL INFORMATION:

As per Kitsumkalum’s Local Education Agreement (LEA), this consent authorizes the school/s attended by my child/ren, to release their academic and attendance records to the Kitsumkalum Education Coordinator. \_\_\_\_\_ (Parent’s signature) \_\_\_\_\_ (Date)

### PARENT/GUARDIAN INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 PHONES: HOME: (\_\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_\_) \_\_\_\_\_  
 FAMILY RESIDENCE ADDRESS: \_\_\_\_\_ Kitsumkalum, BC V8G \_\_\_\_\_  
 YOUR EMAIL: \_\_\_\_\_ YOUR BAND NUMBER: \_\_\_\_\_  
 RELATIONSHIP TO STUDENT/S: \_\_\_\_\_ HOW MANY K-12 STUDENT/S AT HOME? \_\_\_\_\_

**CMSD SCHOOL BUS SERVICE: My child/ren use the bus daily** YES \_\_\_\_\_ or NO \_\_\_\_\_

Comments: \_\_\_\_\_

My child/ren require/s after-school extra-curricular transportation YES \_\_\_ or NO \_\_\_ Maybe \_\_\_

Comments: \_\_\_\_\_

**REPORT CARDS:** Please drop off a copy of your child/ren’s report card/s to the Education Coordinator EACH TIME they receive one. They MAY be eligible for additional incentive/s.

**SINGLE STUDENT INFO:** Attach the **ADDITIONAL STUDENTS AT HOME** form to add student/s.

- Student’s FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_
  - GENDER: \_\_\_\_\_ (M/F) CURRENT AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_
  - STATUS NUMBER: \_\_\_\_\_
  - NAME OF SCHOOL: \_\_\_\_\_ K-12 GRADE: \_\_\_\_\_
  - CMSD BUS SERVICE Comments: \_\_\_\_\_
  - Any additional comments or special circumstances? \_\_\_\_\_

If you or your child/ren require/s SCHOOL ADVOCACY, please contact the Kitsumkalum Education Coordinator at (250) 635-6177 or Email

[education@kitsumkalum.com](mailto:education@kitsumkalum.com).

KITSUMKALUM



BAND COUNCIL

P.O. BOX 544, TERRACE, BC

CANADA V8G 4B5

Phone: (250) 635 6177 (104)

Fax: (250) 635-4622

## ADDITIONAL STUDENTS AT HOME FORM K – 12 SCHOOL SUPPLY AND INCENTIVE FUNDING

PARENTAL/GUARDIAN NAME: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

HOW MANY K-12 STUDENTS AT HOME? \_\_\_\_\_

2. SECOND Student's FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

- GENDER: \_\_\_\_\_ (M/F) CURRENT AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_
- STATUS NUMBER: \_\_\_\_\_
- NAME OF SCHOOL: \_\_\_\_\_ K-12 GRADE: \_\_\_\_\_
- CMSD BUS SERVICE Comments: \_\_\_\_\_
- Any additional comments or special circumstances? \_\_\_\_\_

3. THIRD Student's FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

- GENDER: \_\_\_\_\_ (M/F) CURRENT AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_
- STATUS NUMBER: \_\_\_\_\_
- NAME OF SCHOOL: \_\_\_\_\_ K-12 GRADE: \_\_\_\_\_
- CMSD BUS SERVICE Comments: \_\_\_\_\_
- Any additional comments or special circumstances? \_\_\_\_\_

4. FOURTH Student's FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

- GENDER: \_\_\_\_\_ (M/F) CURRENT AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_
- STATUS NUMBER: \_\_\_\_\_
- NAME OF SCHOOL: \_\_\_\_\_ K-12 GRADE: \_\_\_\_\_
- CMSD BUS SERVICE Comments: \_\_\_\_\_
- Any additional comments or special circumstances? \_\_\_\_\_

5. FIFTH Student's FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

- GENDER: \_\_\_\_\_ (M/F) CURRENT AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_
- STATUS NUMBER: \_\_\_\_\_

- NAME OF SCHOOL: \_\_\_\_\_ K-12 GRADE: \_\_\_\_\_
  - CMSD BUS SERVICE Comments: \_\_\_\_\_
  - Any additional comments or special circumstances? \_\_\_\_\_
-