



ʔAQ'AM

7470 Mission Road, Cranbrook BC V1C 7E5
(phone) 250-426-5717

REQUEST FOR SCHOOL SUPPLY SUPPLEMENT

Eligible students must be ʔaqam band members regardless of location or listed on the Nominal Roll.

Please list all students for whom you are requesting a supply supplement for:

Student Name	Birthdate	Status #	*Nominal Roll?	School	Grade	Amount (Staff Use)
			Y N			
			Y N			
			Y N			
			Y N			
			Y N			
			Y N			

*Students who ordinarily reside on reserve are listed on the ʔaqam Nominal Roll.

Parent/Guardian Contact Information:

Address: _____

Phone # _____ Email: _____

Please complete page 2 – Release of Information in order to receive your School Supply Supplement.
You may select the type of information you authorize the ʔaqam Education Team to access.

Name of Parent/Guardian – please print: _____

Signature of Parent/Guardian _____ Date Signed _____

Parent/Guardian Release of Student Information

I, _____, hereby authorize the ʔaqam Education Team

Name of Parent/Guardian – Please Print

to have access to information from my child(ren)s' school (as selected below) concerning the following child/children:

Name of Student – Please Print

Name of Student – Please Print

Name of Student – Please Print

Name of Student – Please Print

Name of Student – Please Print

Name of Student – Please Print

Information shared between the School and the Education Team for ʔaqam is limited to the following information only: *(Parents/Guardians - please select all options below that you agree to)*

Awards Day Submissions Yes No

Graduation Status Yes No

(Checking the above options will allow us to honour your child(ren)'s success at our Annual Award's Day).

Requests from the school for additional financial support (Tutor, supplies, etc.) Yes No

Access to records of attendance, grades, and courses/programs registered in. Yes No

Information that pertains to the well-being and success of my child(ren). Yes No

I understand that the information released is held confidential by both parties according to relevant privacy legislation and will be used solely by School or District personnel _____

Name of School/District

and the ʔaqam Education Team for the purposes of **supporting my child(ren)'s educational needs.**

_____ (Initials) I understand that I may revoke this release of information at any time by notifying both parties in writing, and this revocation will be in effect immediately at my request. If not otherwise revoked, this release becomes invalid one year after the date signed.

Signature of Parent/Guardian

Date Signed

Please email completed form to education@aqam.net