



## MALAHAT FIRST NATION

110 Thunder Rd., Mill Bay B.C, V0R 2P4

PH: (250) 743-3231 FAX: (250) 743-3251

### NOTE TO MEMBERS:

*Nominal Roll information is required by INAC in order to establish our education budget for expenses such as supplies, attendance allowances and school activity days.*

*By providing the following info and signing this form you can help your child qualify for the above noted Expenses.*

*Thank you.*

### Malahat Nation K – 12 Education Form

Child's Legal name \_\_\_\_\_

| Name | First Name | Middle Name | Last |
|------|------------|-------------|------|
|------|------------|-------------|------|

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_

Street Address:

\_\_\_\_\_

I.R #: Eleven

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Status Card Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Work Number: \_\_\_\_\_

Emergency Contact name and #: \_\_\_\_\_ BC Care Card #: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please List Any Special Medical Needs: \_\_\_\_\_

\_\_\_\_\_

List any Allergies your child has: \_\_\_\_\_

PARENT/GUARDIAN'S NAME(Print):

Parents/Guardian, by signing below, you authorize communication between Malahat Nation and The School District 79 to coordinate academic materials and/or discuss student progress in order to assist the student.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_