



**STZ'UMINUS
EDUCATION**
SOCIETY

SCHOOL SUPPLIES AND SUPPORT APPLICATION FORM

2026/27
GRADES K - 12

STUDENT INFORMATION

Student First Name:	Student Last Name:	Date of Birth:	Age:
Band Name:	Band Number:	Student's Email Address:	

PARENT/GUARDIAN INFORMATION

Legal Parent/Guardian:	Relationship to Child:	Address:
Postal Code:	Home Phone Number:	Work Phone Number:
Cell Phone Number:	Caregiver E-Mail Address:	Message Phone Number:
Emergency Contact Name:	Relationship to Child:	Emergency Contact Phone Number:

SCHOOL INFORMATION

School Name: Ladysmith Primary School <input type="checkbox"/> Ladysmith Intermediate School <input type="checkbox"/> Ladysmith Secondary School <input type="checkbox"/> North Oyster School <input type="checkbox"/> Other <input type="checkbox"/> Transportation Required: <input type="checkbox"/>	Student Grade: Kindergarten <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 12 <input type="checkbox"/>
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HIGH SCHOOL STUDENT - SCHOOL ALLOWANCE POLICY

- All services and supports provided will be in accordance with the Stz'uminus Education Society Policy and Procedures.
- High School Allowance:** Student Allowance is direct deposit in bank account every month. Students in grade 8-12 are eligible for school allowance. Please ensure SES Finance Department has your child's banking information.

Parents/Guardians: we require all information on this form to be filled out completely!

This form is used:

- For all info & updates - Please inform the Stz'uminus Education Department to update your child's student records
- Completed Consent for Exchange of Information Form must be completed.
- Permission to take pictures of my child for Newsletter and Worldwide Web?
 Yes
 No

PARENTS/GUARDIANS REQUEST FOR INFORMATION FORM

Public School Students Authorization to Release Information

School Name	
School Address	
Telephone and Fax Number	

Student Name(s)	Student Date of Birth

I hereby authorizeto release information about my child to
School Name and School District#

the following individuals and organizations as listed below:

Stz'uminus Education Department	SES, Education Superintendent
	SES, Education Records Clerk
	SES, Education Coordinator

Print Name of Parent/Guardian	
Signature of Parent/Guardian	
Date:	

Signature:	School District Principal Indigenous Learning SD # 68,
Print Name:	School District Principal Indigenous Learning SD# 68
Date:	

Public Schools
Consent for Exchange of Information

Consent to the release and/or exchange of any relevant information of the above-identified child/children/youth:

- a. School District# _____ , Learning Service Departments:
Ladysmith Secondary..... Qwam Qwum Stuwixwulh Community School
Ladysmith Intermediate..... Chemainus Secondary
- | | |
|------------------------|----------------------------------|
| Ladysmith Primary..... | Chemainus Elementary School..... |
| North Oyster..... | Queen Margarets |
- b. Between _____ Public Schools Department of Learning Services and relevant service providers (e.g. Health care-providers, Nursing support services, Child and Youth Mental Health, Ministry of Children and Family Development, Social Worker, Medical doctor, Stz'uminus First Nation Education as per LEA Agreement signed with School District #68., and/or any other programs/services-staff accessed by the Child/Family) who are involved with Department of Learning Services for the child/youth.
- c. This information will be used to facilitate the development of child-specific educational programming in _____ Schools and Stz'uminus Education, to make referrals to other service providers, and for the administration of programs and services for the child/children/youth identified above.
- d. It is agreed that any correspondence between the school and service provider will be copied to the parent/guardian.
- e. I/we understand that a signed Consent for Exchange of Information form is a condition of eligibility for support services. This is a continuing consent that is valid until I/we revoke it by contacting the school-based case manager or school principal, in writing and withdrawing my/our consent.
- f. Authorization to Release Information: Please check all items that you give consent to having released to the individuals listed.
- Attendance Records
 - Report Cards
 - School Registration Information (including parent/guardian information)
 - Information about discipline/suspensions
 - PR Cards/Transcripts
 - Student assessments
 - IEP/Designation Information
 - Timetable/Courses (secondary)
 - School photos/videos, Award/bursary information
 - Graduation Information
 - Samples of Student Work
 - Name(s) of school/district staff who work with the student
 - Copies of permission forms
 - Information about fees
 - Meeting Information
 - Information about school-based supports/programs
 - Summary of Reporting (Current Grades K-9)
 - Extra Curricular Activities
 - I give Consent to all of the above**

Print Name of Parent/Guardian giving consent	
Signature of Parent/Guardian giving consent	
Date:	

The information on this form is collected under the authority of the School Act, Sections 13 and 97. The information provided will be used for educational program purposes and, when required, may be provided to health services, social services, or other support services as outlined in Section 97 (2) of the School Act. If you have any questions about the collection and use of this information, please contact the principal of your school or the Information and Privacy Office, School District.

Signature: Director Vice Principal of Aboriginal Education	
Print: Director Vice Principal of Aboriginal Education	

Signature: SES Education Coordinator or SES Records Clerk	
Print: SES Education Coordinator or SES Records Clerk	

PLEASE NOTE: ALL SCHOOL SUPPLIES FUNDS WILL BE DIRECTLY DEPOSITED IN PARENTS/CAREGIVERS' BANK ACCOUNTS.

PLEASE PROVIDE A VOID CHEQUE OR DIRECT DEPOSIT BANKING FORM WITH YOUR SES SCHOOL SUPPLIES FORM

School Supplies amounts for Public School Students only:

High School	Grades: 8 - 12	120.00 per student
Primary and Elementary	Grades: Kindergarten - Grade 7	\$ 60.00 per student

If you have any questions or concerns, please don't hesitate to contact Stz'uminus Education Society's Vicki Seymour at 250-245-7140, ext. 7002, or email vicki.seymour@stzuminus.com.

Completed forms can be dropped off at the Stz'uminus Community School receptionist desk, or you can email them to vicki.seymour@stzuminus.com. Forms can also be submitted at the Stz'uminus Education Administration office located at 5091 Jones Road, Ladysmith, BC. Please note, processing times may range from 5 to 10 days.