



LYTTON FIRST NATION
 Box 20, Lytton BC V0K1Z0
 (P)250-455-2304 (F) 250-455-2291

SCHOOL SUPPLY FORM & AUTHORIZATION TO RELEASE FORM
 (ON-RESERVE ONLY) AS PER NOMINAL ROLL FUNDING

AUTHORIZATION TO RELEASE INFORMATION

WHEREAS this authorization is to be used in conjunction with the Local Education Agreement ("LEA") with the Lytton First Nation and is intended to facilitate communications information sharing between a LFN student, Parent/Guardian, school administrators and teachers, the First Nation, and the Board.

AND WHEREAS this authorization is further intended to assist all forementioned Parties with addressing the educational and social needs of LFN Students covered by the LEA.

THE TERM of this authorization is for the
 School Year: 2023-2024

PLEASE CHOOSE ONE OF THE FOLLOWING:

- I, the Parent/Guardian of the above-named student hereby authorize _____ (insert name of School) being a school within School District#74 to release information pertaining to: Report cards, Progress reports, Attendance records, any social concerns regarding the above named LFN Student that may be affecting that student's success at school, and any further information required in the LEA to the LFN Education Manager.
- I, the Parent/Guardian request that I will be called immediately regarding my child do not require the LFN Education to be involved.
- Parent/Guardian request that _____, as my designate, be called immediately regarding my child. I do not require the Education Manager to be involved.

Parent Signature: _____

Date: _____

SCHOOL SUPPLY FORM for "On Reserve Only"

Separate forms if you have a child in: Elementary Secondary SVNS Lillooet DSCS

***All information is to be filled out to ensure your request is done in confident way. As per our "Evacuation" and Safety procedures, we will be doing Etransfer, but can also due the Mail in as well. Etransfer we will need the following:**

Name of Bank: _____ **Trans#:** _____ **Institution#:** _____ **Account#:** _____

This will all be confidential and not released and be filed with LFN Finance and LFN Manager

Student Name: _____ Birthdate: _____ Grade: _____ Status# _____

Parent/GuardianName _____ Ph _____ Cell _____

Mailing Address: _____ Email Address _____

Physical Address IR# _____

Emergency Contact & Ph Number _____

Lytton First Nations agrees to:

- K-7 (\$50) school supplies
- Gr 8-12 (\$100) school supplies

Email form back to: andrew.ford@lfn.band

Etransfers and or cheques will only be done Tuesdays

In Office Only:

BR _____ **ACCT-** _____ **Total:** _____

Approval: _____



LYTTON FIRST NATION
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AUTHORIZATION TO RELEASE FORM

Parent/Guardian Name _____ Ph _____ Cell _____

Mailing Address: _____ Physical Address: IR# _____

Emergency Contact & Ph Number _____

Email Address _____

Please note: All fields **MUST** be fully completed to assist our staff with processing funding reports to **ISC (Indigenous Services Canada)**.

LAST NAME	FIRST NAME	BIRTHDATE	GENDER M/F	STATUS #	Reserve of residence (IR#)	Grade	School

Consent to Release to the Lytton First Nations Education Department the following:

Attendance Records, Report Cards

 Print Name

 Date

 Signature

APPENDIX "A"

LOCAL EDUCATION AGREEMENT BETWEEN:

**LYTTON FIRST NATION
and
SCHOOL DISTRICT NO. 74 (GOLD TRAIL)**

AUTHORIZATION TO RELEASE INFORMATION

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AND WHEREAS this authorization is further intended to assist all aforementioned Parties with addressing the educational and social needs of LFN Students covered by the LEA.

THE TERM of this authorization is for the _____ School Year.

LFN Student			
Address:			
Phone No.:		Message	

PLEASE CHOOSE ONE OF THE FOLLOWING:

- I, the Parent/Guardian of the above named student hereby authorize _____ (insert name of School) being a school within School District #74 to release information pertaining to: report cards, progress reports, attendance records, any social concerns regarding the above named LFN Student that may be affecting that student's success at school, and any further information required in the LEA to _____ the LFN Education Manager.
- I, the Parent/Guardian request that I will be called immediately in regard to the above LFN Student. I do not authorize the LFN Education Manager to be involved.
- I, the Parent/Guardian request that _____, as my designate, be called immediately in regard to the LFN Student. I do not authorize the Education Manager to be involved.

Parent/Guardian Signature

Date