



School Supplies

☐Elementary ☐Secondary ☐SVNS ☐Lillooet ☐DSCS

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

This is a confidential document and will not be released and will only be used by LFN Finance.

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

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

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

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

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

Parent/Gardian Name: _____ Phone#: _____

Mailing Address: _____ Email: _____

Physical Address IR#: _____

Emergency Contact: _____ Phone#: _____

Lytton First Nation Agrees to:

☐ Grades K-7 (\$50) School Supplies

☐ Grades 8-12 (\$100) School Supplies

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

E-transfers and or Cheques will be processed biweekly

Office Only:

BRANCH _____ ACCOUNT# _____ APPROVED: _____



Lytton First Nation

Box 20 Lytton BC V0K1Z0

250-455-2304

AUTHORIZATION TO RELEASE FORM

Parent/Guardian Name: _____ Phone#: _____

Mailing Address: _____ Physical Address: IR#: _____

Emergency Contact: _____ Phone#: _____

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 #	IR#	Grade	School

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

☐ Attendance Records & Report Cards.

Parent/Guardian Signature: _____ Date: _____

APPENDIX "A"

LOCAL EDUCATION AGREEMENT BETWEEN:

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

AUTHORIZATION TO RELEASE INFORMATION

WHEREAS this authorization is to be used in conjunction with the Local Education Agreement (the "LEA") with the Lytton First Nation and is intended to facilitate communications and 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 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