



# 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](mailto:education@aqam.net)