

Cowichan Tribes - Quw'utsun Syuw'entst Lelum (QSL)

Telephone: (250) 715-1022 Toll Free 1 877-715-1022 Fax: (250)715-1023

QSL Date Stamp

2020-21 STUDENT NOMINAL ROLL APPLICATION FORM

The completion of this Form determines the student's eligibility for Education Assistance that includes Attendance Allowance, School Supplies, Field Trips and Bus Transportation for this school year. Please do notify us of any changes in school, name, address or telephone number of the child that occurs during the school year.

Student Information - Please Print

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Date of Birth: Month _____ Day _____ Year _____ Male Female

Is the student a Cowichan Tribes member? **Status Number is mandatory. No status number will cause delay in payments.*

Yes Status Number of Student _____

No Status Number of Student _____ Band Name _____

The student will be attending: Public School Private School Band School

** If attending private, you may be asked to provide residential confirmation via hydro bill, phone bill or a completed a letter of residency.*

Name of school the student is attending this year _____ Grade _____

Name of school the student attended last year _____ Grade _____

Student primarily lives on Cowichan Tribes territories. Yes No

Parent/Guardian Information

STUDENT PRIMARY ADDRESS

Street Address _____

Mailing Address _____

Contact #1

Cheques made out to this person

First Name _____ Last Name _____

Relationship to Student _____

Band Name _____ Status Number (Mandatory) _____

Telephone _____

Alternate Telephone _____

Email Address _____

STUDENT SECONDARY ADDRESS

Street Address _____

Mailing Address _____

Contact #2

First Name _____ Last Name _____

Relationship to Student _____

Band Name _____ Status Number (Mandatory) _____

Telephone _____

Alternate Telephone _____

Email Address _____

Please note: In the event of a dispute regarding guardianship of a student, Legal Custody documents and Child Tax Benefit Statements must be provided.

Emergency Contact Information

Emergency Contact Name _____ Relationship to Student _____

Telephone _____ Alternate Telephone _____

Parent/Guardian Signature _____ Date _____

2020-2021 WAIVER FORM FOR RELEASE OF SCHOOL INFORMATION

Parent/Guardian Quw'utsun Syuw'entst Lelum (QSL) requires access to your child's student school information in order to verify that your child qualifies for educational support and services. Parent/guardian permission for QSL to access this information is **required**; otherwise, your child is not eligible to be placed on our Nominal Roll.

REQUIRED Consent to Release Information

I hereby give my consent to the school, Tribal Bands and their Departments to release the following information to Quw'utsun Syuw'entst Lelum' regarding my child. This information includes: Report Card Information, Progress Reports, Student Demographics, Attendance Information, Band Membership, or participation in collective demographic data about Cowichan Tribes Member students/Cowichan Tribes Nominal Roll students.

YES

NO

Name of child _____

School Attending _____

By signing below, I confirm and consent to the terms and conditions outlined above:

Signature of Parent / Guardian

Date

Print Name of Parent/Guardian _____

SCHOOL VERIFICATION section

VERIFICATION OF STUDENT'S PRIMARY & SECONDARY ADDRESSES

Accurately verified *QSL Nominal Roll Application Forms* confirm student eligibility for Indigenous Services Canada's Nominal Roll registration through Cowichan Tribes.

School representatives must verify that the student's information on the school's student database corresponds to the student's current Primary and Secondary Addresses on the 2020-2021 QSL Nominal Roll Application Form.

A discrepancy between this form and the school's student database negates student eligibility for funding.

The school representative's signature and the school date stamp are mandatory. Please check the boxes once each step is completed.

By stamping and signing this *2020-2021 Quw'utsun Syuw'entst Lelum Student Nominal Roll Application Form*,

- I verify that **Student Primary and Secondary Address** information recorded on our schools' current electronic student data base, (e.g. MyEdBC) corresponds to that provided on this form.
- I verify that I have entered the correct **Student Primary and Secondary Address** information into our schools' current electronic student data base, (e.g. MyEdBC).

Required School Date Stamp

School Representative Signature and Information

Print Name _____

Title _____

Signature _____

Date _____