



SUCKER CREEK FIRST NATION EDUCATION DEPARTMENT

Box 65
Enilda, Alberta, T0G 0W0
Phone: (780) 523-4426 Fax: (780) 523-3111

K - 12 School Supply Form
Fiscal School Year 2018- 2019

Parent/Guardian Information:

Name: _____ Treaty # _____ Current Contact# _____

Mailing Address: _____

Student Information

Student Name: _____ Treaty #: _____

Grade: _____ Date of Birth: _____ School: _____

Student Name: _____ Treaty #: _____

Grade: _____ Date of Birth: _____ School: _____

Student Name: _____ Treaty #: _____

Grade: _____ Date of Birth: _____ School: _____

Student Name: _____ Treaty #: _____

Grade: _____ Date of Birth: _____ School: _____

Payment Schedule

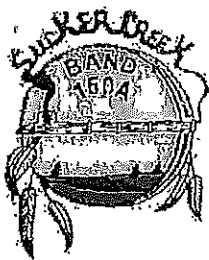
Table with 4 columns: Education Level, School Supplies, Gym Supplies, Combined Total. Rows include Kindergarten, Grades 1-6, Grades 7-9, and Grades 10-12.

Please Circle Pick up or mail Total of Cheque: _____

Make Cheque payable to: _____

Approval Signature: _____ Director's Approval: _____

*Note To All Parents: Please be advised that if you have not completed a consent to Release of information form (FOIP) for each of your children entitled to school supply benefits, your check will not be issued until you've done so. Thank you for your cooperation. Cheque Release Date: August 18/17



Sucker Creek First Nation

P.O. Box 65 Enilda, AB

Tel (780) 523-4426

T0G 0W0

Fax (780) 523-3111

Student Transportation Registration Form

Dear Parents:

Please complete one of these forms for your child/children that are riding school buses contracted by SCFN. Upon completion, please return the form(s) to the SCFN Education Department. Please make sure the house number of your residence is correct, as this information is needed for routing the buses.

STUDENTS WHO ARE NOT REGISTERED WILL NOT RECEIVE BUS SERVICES.

NAME OF CHILD: _____ SCHOOL: _____

NAME OF CHILD: _____ SCHOOL: _____

NAME OF CHILD: _____ SCHOOL: _____

NAME OF CHILD: _____ SCHOOL: _____

NAME OF CHILD: _____ SCHOOL: _____

NAME OF CHILD: _____ SCHOOL: _____

House # _____

Mailing Address:

Home Contact Name: _____ Home Ph. # _____

Work Contact # _____ Cell Ph. # _____

Email Address: _____

Emergency Contact Name: _____ Emergency Contact # _____

Medical Information: _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



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Parent/Student Consent to Release of Confidential Information

<input type="checkbox"/> EW Pratt	<input type="checkbox"/> High Prairie Elementary
<input type="checkbox"/> Prairie View Outreach	<input type="checkbox"/> Prairie River Jr. High
<input type="checkbox"/> Joussard School	
<input type="checkbox"/> St. Andrews School	

PART 1: STUDENT INFORMATION

FIRST NAME	LAST NAME	D.O.B (D/M/Y)	TREATY NO.	GRADE

PART 2: PARENT/GUARDIAN INFORMATION

FULL NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER	
			HOME:	WORK:
			CELL:	

PART 3: AUTHORIZATION OF PARENT/GUARDIAN

I, the undersigned parent/guardian hereby authorize and consent to: Education Counsellor/Director, Sucker Creek First Nation

To act on behalf as stated hereunder:

- To obtain attendance reports
- To obtain progress reports
- To review student records
- To speak to teachers/principals/school counsellors
- To have meetings for the purpose of career counselling for educational purposes
- To obtain fee information from the institution where student is registered
- To be notified of withdrawals and/or cancellations
- To be notified of suspensions and/or expulsions

This consent is in effect for the school term of 2018-2019 or until it has been cancelled in writing.

Parent/Guardian Signature

Date

In accordance with the Freedom of Information and Protection of Privacy Act, the information collected on this Consent form shall not be distributed or used for any other purposes, and shall be kept strictly confidential.