



STUDENT FUNDING ASSISTANCE APPLICATION & BUS FORM

SECTION ONE

STUDENT INFORMATION:

First Name: _____ Last Name: _____

Date of Birth (DD/MM/YYYY): _____ Status Card #: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Phone: _____

Gender: ☐ Male ☐ Female

On Reserve: ☐ Off Reserve: ☐

Current School: _____ School Phone: _____

Current Grade: _____ Transportation by Nation Bus: YES ☐ NO ☐

If yes, please fill out SECTION TWO School Bus section.

AUTHORIZATION TO DISCLOSE/SHARE INFORMATION:

By signing this form, I hereby give consent to the Tsleil-Waututh Nation, my child's school AND any outside referrals to disclose my child's _____ student records for the purpose of advocacy, counselling, and determining financial supports. The student records include: attendance, registration forms, school fees, academic transcripts, report cards, special needs evaluations, assessments, behavioral concern, expulsions, suspensions and referrals to other agencies. As well, this form gives the Tsleil-Waututh Nation and my child's school my permission to communicate and work together to support my child and my family.

EMERGENCY CONTACT:

Alternate Contact (print)

Parent/Guardian Signature

Date

Home Phone

Work Phone

Cell Phone

EMERGENCY CONSENT:

BC Care Card #: _____ Hospital Preference: _____

Physicians Name: _____ Physicians phone number: _____

Allergies/special medical considerations:

I, _____ authorize all medical and surgical treatment, x-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or other paramedics for my child and waive my right for informed consent of treatment. This waiver applies only in the event that neither parent nor guardian can be reached in the case of an emergency.

_____ Parent/Guardian Name (print)	_____ Parent/Guardian Signature	_____ Date
_____ Witness Name (print)	_____ Witness Signature	_____ Date

SECTION TWO

BUS CONSENT & INFORMATION - Please initial each section after reading to indicate you agree

LACK OF TRANSPORTATION

I understand that if the Tsleil-Waututh Nation school bus is unable to run as per the regular schedule for any unforeseen circumstance that it is the responsibility of the parent to transport my child to and from school. I do understand that I will be given as much notice as possible; however, I also understand that this may not always be an option.

_____ Initial

GETTING TO THE BUS ON TIME

I will have my child arrive to the bus at his/her scheduled time.

_____ Initial

MISSING THE BUS

I understand that if my child misses the school bus it is my responsibility to get my child to school.

_____ Initial

BUS RIGHTS AND RESPONSIBILITIES

I have read and understand that I must be involved in communicating to my child the rights and responsibilities of using the Tsleil-Waututh Nation transportation to and from school. I agree to work cooperatively with the education staff and bus driver to ensure my child is abiding by the rights and responsibilities.

_____ Initial

BEFORE AND AFTERSCHOOL

I understand that my child must remain on school grounds before and after school. If my child leaves the school property they are fully responsible for their own safety. The Nation nor Sherwood Park will be liable if they leave the school grounds.

_____ Initial

RELEASE OF LIABILITY WHEN USING THE TSLEIL-WAUTUTH NATION SCHOOL BUS

I, _____ release the Tsleil-Waututh Nation and the bus driver from liability in the case of an accident during the transport to and from school, as long as normal safety precautions have been taken. I also understand that if my child does not follow the bus regulations that I may then be fully responsible for transporting my child to and from school. The Nation bus service is a privilege not a right.

By signing this form, I waive liability. I also agree to all the terms and conditions of this form, and the rights and responsibilities of using the bus service.

_____ Parent/Guardian Name (print)	_____ Parent/Guardian Signature	_____ Date
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_____ Witness Name (print)	_____ Witness Signature	_____ Date
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