



SNUNEYMUXW FIRST NATION

SCHOOL REGISTRATION FORM

Please print and return to Education Department

STUDENT INFORMATION

Student Name _____ Status# _____
First Name MI Last Name

First Nation Band _____ Living On Reserve Yes No

Reserve Location IR # _____

PARENT CONTACT INFORMATION

Legal Parent/Guardian Name _____

Email Address _____ Work/Cell Phone _____

Emergency Contact Name: _____ Relationship to Student _____

Emergency Phone _____ Email _____

SCHOOL INFORMATION

School Name _____

School Address _____ School Phone _____

Student Grade _____ School Year: **S EPT 2024- JUN 2025**

SNUNEYMUXW POLICY

1. All services and supports provided will be in accordance with the Snuneymuxw Elementary/Secondary Policy
2. **90% attendance** is required to be eligible for student allowance benefits for students in Grades 8 – 12 and not missing more than **3 days** of school Per Month.
3. Please provide Highschool Student Direct Deposit forms with a valid STUDENT email; _____
4. Student Allowance Highschool Cheques will be processed up receipt of attendance records from the schools.

Dates to Remember: Local Snuneymuxw Area Student Forms Received by

- Aug 14 can pick up Aug 19-21
- Aug 21 can pick up Aug 26 -28

Parent/Guardian Name _____
Please Print

Parent/Guardian Signature _____ Date _____

Snuneymuxw First Nation, 668 Centre St., Nanaimo, B.C. V9R 4Z4

Tel: 250-740-2300 / 1-888-636-8789 Fax: 250-753-3492
info@snuneymuxw.ca



Snuneymuxw

First Nation

www.snuneymuxw.ca

Consent for Exchange of Information with any Public/Private Schools

SCHOOL INFORMATION

Date _____

Student Name _____ Student D/O/B _____

School Name _____

Student Grade _____ School Year: **S E P T 2024- J U N 2025**

I/We understand that this signed Consent is for Exchange of Information only. This is so SFN and the eligible school is a condition of eligibility for support services. This is a continuing Consent that is valid until I/We revoke it by contacting Snuneymuxw First Nation Education Department Support Worker or Education Coordinator in writing and withdrawing my/our consent.

Name person
Giving
Consent

Signature: _____

Witness

CHENOA POINT

Signature: _____

SNUNEYMUXW POLICY

- All information on this form is required by Parents/Guardians to provide and should any information changes please inform Snuneymuxw Education Department to update your child's student records to Snuneymuxw First Nation Education Department between any Public/Private Schools.
- All confidential school relevant educational services: Advocacy Support/Parent Meetings, Special Needs Services / Professional Referrals and/or any other program/service-staff accessed by the child/family who are involved with Snuneymuxw First Nation Education Department.
- If you require support or advocacy, please connect with the Snuneymuxw First Nation Education Department.

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