

## **Splatsin Education Department**

PO Box 460 Enderby BC V0E 1V0 5775 Old Vernon Road Tel: (250) 838-6496 Fax: (250) 838-0883

www.splatsin.ca

SCHOOL ALLOWANCE & SUPPLY REGISTRATION FORM (GRADE 12)

	DENT INFORMATION				
Name	<b>:</b>			_	
Band	#:			_	
Date o	of Birth:			_	
Schoo	ol:			_	
PARE	ENT/GUARDIAN INFORMATION				
Name				_	
Band	# (Parent/Guardian):			_	
Phone	e #:			_	
Email	l:				······································
Maili	ng Address:				
PAYN	MENT FOR SUPPLIES				
Grad	e 12:	\$	150.00		
Stude	ent Allowance:				
		\$	250.00		(JANUARY)
		\$	250.00		(MAY)
	uation Allowance				
(Grad CREDIT Checks must be submitted to be eligible		\$	500.00		
**	GRAD Fees will be paid directly to the parent/guardian.	schools. ALL other S	chool Fees are t	the respons	ibility of the student and
	Any questions may be directed to the Sp	platsin Education Dep	oartment.		
	Parent/Guardian Signature	Date	Sig	ned Consei	nt to Release Form