ADL	blication for School Assistance APPENDIX 1b
	/School Year <mark>(LNIB School)</mark>
This application is to assist studen and supplies, not covered by the s	ts attending Lower Nicola Indian Band School with school related fees chool.
To be eligible for School A	ssistance students must be:
<u> </u>	arten to Grade 7 r Nicola Indian Band Reserve er Nicola Indian Band School by September 30 th each year
Forms with missing or inco	prrect information cannot be processed.
Please f	ill in a separate form for each eligible student
Student Name:	Date:
	Date: Status #:
Birthdate (yy/mm/dd):	
Birthdate (yy/mm/dd): Parent(s)/Guardian(s):	Status #:
Birthdate (yy/mm/dd): Parent(s)/Guardian(s): Phone/mobile #:	Status #:
Birthdate (yy/mm/dd): Parent(s)/Guardian(s): Phone/mobile #:	Status #: // Band name:
Birthdate (yy/mm/dd): Parent(s)/Guardian(s): Phone/mobile #: Mailing Address: Street Address:	Status #:
Birthdate (yy/mm/dd): Parent(s)/Guardian(s): Phone/mobile #: Mailing Address: Street Address: Alternative Contact:	Status #: // Band name: Postal Code:
Birthdate (yy/mm/dd): Parent(s)/Guardian(s): Phone/mobile #: Mailing Address: Street Address: Alternative Contact:	Status #: // Band name: Postal Code: Phone/mobile: