



OKANAGAN INDIAN BAND EDUCATION DEPARTMENT

Mailing Address: R.R.7, Site 8, Comp. 20 Vernon, B.C. V1T 7Z3
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STUDENT INFORMATION & SCHOOL SUPPLY ALLOWANCE FORM

PLEASE FILL OUT ONE APPLICATION FORM PER SCHOOL YEAR
FOR **EACH** STUDENT IN YOUR FAMILY.

If a form is not filled out each year, a check for your child (ren) will not be processed.

STUDENT'S NAME: _____ BAND NO. _____

DATE OF BIRTH: _____ SCHOOL ATTENDING: _____ GRADE: _____

Mailing Address: _____ City: _____ Province: _____

Postal Code: _____ Telephone: (250) _____ Work Phone: (250) _____

Medical No. _____ Family Doctor: _____ Phone #: _____

In case of emergency and you cannot be reached who would you like us to contact?

NAME (250) _____ or (250) _____
PHONE NUMBER

NAME (250) _____ or (250) _____
PHONE NUMBER

NAME (250) _____ or (250) _____
PHONE NUMBER

My son/daughter lives on the Okanagan Indian Reserve Yes _____ No _____

SIGNATURE

DATE

OFFICE USE ONLY

Date Approved: _____ Received by: _____