

Cowichan Tribes - Quw'utsun Syuw'entst Lelum (QSL)

Telephone: (250) 715-1022 Toll Free 1 877-715-1022 Fax: (250)715-1023

2025-2026 STUDENT NOMINAL ROLL APPLICATION FORM

QSL Date Stamp

The completion of this Form determines the student's eligibility for Education Assistance that includes Attendance Allowance, School Supplies, and Field Trips for this school year. Please notify QSL of any changes in school, name, address or telephone number of the child that occurs during the school year.

For QSL Bus Transportation, complete the QSL Bus Transportation Application.

STUDENT INFORMATION - Please Print

Legal Name _____
First Name _____ Middle Name _____ Last Name _____

Date of Birth: Month _____ Day _____ Year _____ Male ☐ Female ☐

PRIMARY Street Address _____

Mailing Address _____

Is the student a Cowichan Tribes member? ☐ Yes ☐ No ☐ * Student primarily lives on Cowichan Tribes territories. Yes ☐ No ☐

Student Status Number **Mandatory** _____ ☐ No Status Number

SCHOOL INFORMATION

The student will be attending: Public School ☐ Private School ☐ Band School ☐

** If attending private, you may be asked to provide residential confirmation via hydro bill, phone bill or a completed a letter of residency.*

What school is the student attending September 2025 _____ Grade _____

What school did the student go to last year _____ Grade _____

CONTACT 1 PARENT/GUARDIAN INFORMATION (PRIMARY ADDRESS) The school supply cheque is payable to this person

Legal Name _____
First Name _____ Middle Name _____ Last Name _____

Street Address _____

Mailing Address _____

Status # Mandatory: _____ **Relationship to Student:** _____

Telephone: _____ Alternate Telephone: _____

Email Address: _____

CONTACT 2 PARENT/GUARDIAN (SECONDARY ADDRESS)

Legal Name _____
First Name _____ Middle Name _____ Last Name _____

Street Address _____

Mailing Address _____

Status # Mandatory: _____ **Relationship to Student:** _____

Telephone: _____ Alternate Telephone: _____

Email Address: _____

EMERGENCY CONTACT INFORMATON

Name: _____ Relationship to Student: _____ Telephone: _____

Parent/Guardian Signature: _____ Date: _____

2025-2026 WAIVER FORM FOR RELEASE OF SCHOOL INFORMATION

Parent/Guardian Quw'utsun Syuw'entst Lelum (QSL) requires access to your child's student school information in order to verify that your child qualifies for educational support and services. Parent/guardian permission for QSL to access this information is **required**; otherwise, your child is not eligible to be placed on our Nominal Roll.

REQUIRED Consent to Release Information

I hereby give my consent to the school, Tribal Bands and their Departments to release the requested information to Quw'utsun Syuw'entst Lelum' regarding my child. This information includes: Report Card Information, Progress Reports, Student Demographics, Attendance Information, Band Membership, Graduation Information, or participation in collective demographic data about Cowichan Tribes Member students/Cowichan Tribes Nominal Roll students.

☐ YES

☐ NO

Name of child _____

School Attending _____

By signing below, I confirm and consent to the terms and conditions outlined above:

Signature of Parent / Guardian

Date

Print Name of Parent/Guardian _____

SCHOOL VERIFICATION section

VERIFICATION OF STUDENT'S PRIMARY & SECONDARY ADDRESSES

Accurately verified *QSL Nominal Roll Application Forms* confirm student eligibility for Indigenous Services Canada's Nominal Roll registration through Cowichan Tribes.

School representatives must verify that the student's information on the school's student database corresponds to the student's current Primary and Secondary Addresses on the *2025-2026 QSL Nominal Roll Application Form*.

A discrepancy between this form and the school's student database negates student eligibility for funding.

The school representative's signature and the school date stamp are mandatory. Please check the boxes once each step is completed.

By stamping and signing this *2025-26 Quw'utsun Syuw'entst Lelum Student Nominal Roll Application Form*,

☐ I verify that **Student Primary and Secondary Address** information recorded on our schools' current electronic student data base, (e.g. MyEdBC) corresponds to that provided on this form.

☐ I verify that I have entered the correct **Student Primary and Secondary Address** information into our schools' current electronic student data base, (e.g. MyEdBC).

Required: School Date Stamp

School Representative Signature and Information

Print Name _____

Title _____

Signature _____

Date _____