

Gitxaala Nation Back to School Initiative

2025-2026	
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MM/DD/YYYY	-

Date Submitted:

please contact: Helen Gladstone at

backtoschoolincentive@gitxaalanation.com
Or phone: 250-624-2422

For Gitxaala student returning in school in the 2025-2026 School Year

Pre- K - Grade 12 / Ages 4 - 18

Full Legal Name (Mother)		Full Legal Name (Father)		Primary	Primary Caregiver				
Mother's Status Card			Father's Status Card:			Caregiver - Status Card, if applicable			
Mai	ling Address:								
Ара	irtment#		Street Address						
City:	City: Province:		Country			Postal/ Zip Code			
Con	tact Phone Number		Email Address						
Depe	endents Information:								
	Child Name	Gender	School Attending	Grade	Birthdate (MM/DD/YYYY)	Age	Status Number		
1							672		
2							672		
3							672		
4							672		
5							672		
Please Check Payment type Cheque: Direct Deposit:									
					Attach dire		/ void cheque		
	For any additional questions or information,								

Office Use Only

Signature: _____

Received By: Date Received: