



REGISTRATION APPLICATION
Head Start to 12th Grade School Clothes Gift Card
School Year 2020–2021

Lummi Enrolled Student and Contact Information

This form will be used for LIBC internal use only. This information contained on this form is not for distribution to any outside agency or entity.

Student First Name: _____ MI: _____ Last Name: _____

Birth Date: ___/___/___ Grade: _____ Lummi Tribal Enrollment #: _____

Legal Guardian: _____ Designated Pickup Person: _____

Address: _____ City, State, Zip: _____

Contact Phone Number: (____) _____ -- Email Address: _____

School Name: _____ Phone Number: (____) _____ -- _____

RESIDENTS WHO RESIDE OUTSIDE OF WHATCOM COUNTY

Email applications to Back2school@lummi-nsn.gov

Emailing applications are only for residents outside of Whatcom County.

Residents who are within Whatcom boundaries will need to submit in person at LIBC in the CBC room.

Residents outside of Whatcom County will you need your gift card to be mailed? Yes No

Did you receive a gift card for your child last year CHECK ONE:

- Yes** - if you have received a gift card for last school year 2019-2020 you do not need to provide documentation other than just this application.
- No** - if you haven't received a gift card for last school year you will need to provide documentation listed below.

Required Documentation: (attach appropriate documentation)

- Completed Registration Form
- Proof of Lummi Enrollment (Copy of Tribal ID, CIB)
- Proof of 2020-2021 School Year Registration
 - School registration form OR 2020 Spring Report Card
- *if applicable* Identifying Custodial Documentation
 - identifying primary in parenting plan OR court identifying custodian parent

Declaration of Eligibility & Permission to Release Information

By signing I, _____, (*print name*) acknowledge that I am the parent(s) or legal custodian guardian, of the Lummi Enrolled child name above. I understand that LIBC will not be liable for lost, stolen or misused gift card. I further acknowledge that I as the custodial parent/guardian assume full responsibility for the gift card and agree to use the card for the sole intended purpose of school clothes and supplies for the child named in this application.

By signing, I, _____, (*print name*) give permission to my child's above name school to release enrollment information, student's grades, and attendance records.

By my signature below, I declare that all the above statements are true and accurate.

Signature
Parent/Legal Guardian

Date

Application Deadline: September 16, 2020 for Distribution Date: September 22, 2020