



# Nuu-chah-nulth Tribal Council Graduation Ceremony 2025

## Invitation to the Nuu-chah-nulth Tribal Council

### Graduation Ceremony 2025

The Nuu-chah-nulth Tribal Council will hold its annual Graduation celebration on June 7, 2025, at the **Alberni District Secondary School located at 4000 Roger Street in Port Alberni.**

The agenda for the Graduation Ceremony is:

### Graduation Ceremony

Saturday, June 7

Doors Open	1:30 PM
Ceremony	2:30 PM
Dinner	4:00 PM

The following Nations are participating in the Nuu-chah-nulth Tribal Council's Graduation Ceremony for 2024-25:

**Membership:** Only members of the following Nuu-chah-nulth Nations are eligible for NTC Graduation (\*Student Status Numbers **must** be provided on the application):

Ditidaht	Huu-ay-aht	Tla-o-qui-aht
Ehattesaht	Kyuquot	Toquaht
Hesquiaht	Mowachaht/Muchalaht	Tseshaht
Hupacasath	Nuchatlaht	

To help us plan for meals and to ensure seating is available, please let us know of your plan to attend by submitting the attached form to Darci Lucas – NTC Education, Training, & Social Development Data Specialist, by the end of day on May 29, 2025.

Completed forms can be sent by email to [graduation@nuuchahnulth.org](mailto:graduation@nuuchahnulth.org) or faxed to her attention at 250-724-9682.

Completed forms may also be mailed or dropped off at the NTC Main Office Address below

*We look forward to seeing you at the celebration!*

*Education, Training, & Social Development Department*

**Ph:** 250-724-5757

**Fax:** 250-724-9682

**Mailing Address:** P.O Box 1383

5001 Mission Road, Port Alberni, BC, V9Y 7M2



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## Confirmation of Attendance

Please **complete** the following information if you are planning on attending the Nuu-chah-nulth Graduation Ceremony by: May 29, 2025

I will be attending the Graduation Ceremony: Yes \_\_\_\_\_ No \_\_\_\_\_

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School: \_\_\_\_\_

Nuu-chah-nulth First Nation: \_\_\_\_\_

Status Number: \_\_\_\_\_

Number of Guests: \_\_\_\_\_ (Each Graduate will be limited to 4 guests each).

Please indicate the qualification you will be achieving:

\_\_\_\_\_ Dogwood Diploma

\_\_\_\_\_ Leaving Certificate (Evergreen)

\_\_\_\_\_ Adult Dogwood

\_\_\_\_\_ Dual Diploma

### **Confirmation of Graduation**

I verify that \_\_\_\_\_ will be receiving the qualification as indicated above.

\_\_\_\_\_  
Principal/Counsellor (Print Name)

\_\_\_\_\_  
Principal/Counsellor (Signature)

*Education, Training, & Social Development Department*

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