

Kwanlin Dün First Nation
Application Form – School Supplies
****CHILD MUST BE A KWANLIN DÜN FIRST NATION (KDFN) CITIZEN****

Parent / Guardian Information

Parent/Guardian Name: _____
Last *First* *Middle Initial*

Address: _____
Street / Mailing Address (Out of town cheques will be sent here)

Home Phone #: _____ City Province / Territory Postal Code
 Cell Phone #: _____

Email Address: _____

Please check one: Wolf Crow Please state which First Nation Language spoken (if any): _____

Student Information

| First and Last Name | Male Female | Date of Birth (M/D/Y) | Name of School Attending | Grade | Status # for each KDFN Child | Allocation (For Office Use Only) |
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 Parent / Guardian Signature

 Date

For Office Use Only

 Manager of Education and Employment or Designate

 Cheque Requisition #
 Code: 6645-3350-300

 Date

 Amount Approved