



APPLICATION FORM

KDFN Representatives for School Council

NAME:
ADDRESS:
EMAIL ADDRESS:
PHONE:
KDFN CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO
SCHOOL COUNCIL(S) I AM INTERESTED IN: <input type="checkbox"/> Elijah Smith Elementary School Council <input type="checkbox"/> F. H. Collins Secondary School Council <input type="checkbox"/> Hidden Valley Elementary School Council <input type="checkbox"/> Porter Creek Secondary School Council <input type="checkbox"/> Takhini Elementary School Council
REASON FOR INTEREST: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Signature of Applicant

DD/MM/YYYY

Date