

STUDENT IDENTIFIER



**Chippewas
of Nawash
Unceded
First Nation
Board of
Education**

6 Harbour Road,
NEYAASHIINIGMIING, ON.
N0H 2T0

TELEPHONE:
519-534-0882
FACSIMILE:
519-534-5138

School: <input type="radio"/> Peninsula Shores District School		<input type="radio"/> St. Mary's High School	
Student name: _____			
Grade: 8 9 10 11 12 VL		D.O.B: _____/_____/_____ MM DD YEAR	
Chippewas of Nawash Unceded First Nation Band # 1 2 2 0 _ _ _ _ _		Please choose if applicable <input type="radio"/> IEP <input type="radio"/> IPRC <input type="radio"/> Not applicable	
Mailing address: _____ _____ <i>Bus pick up if different than mailing address:</i> _____			
Parents/Guardian: _____			
Contact #'s: 1. _____ 3. _____ 2. _____ 4. _____			
Email: _____@_____			
Preferred way of communication: <input type="checkbox"/> mail <input type="checkbox"/> phone <input type="checkbox"/> cell <input type="checkbox"/> email <input type="checkbox"/> in-person			

For funding purposes, the information above will be shared with INAC

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