

# White River First Nation

## Grade K-12 School Supply Application



Name of Parent/Legal Guardian: \_\_\_\_\_

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

Phone/Email: \_\_\_\_\_

Do you live on First Nation Land in Canada other than WRFN? \_\_\_\_\_

If so, which one? \_\_\_\_\_

Name of Child	DOB	Indian Status #	School Name	School Address	Grade	Amount

Note: Cheques will be mailed to the mailing address that's provided

Please return to: Candice Boyle, Employment & Training Officer at [eto@wrfn.ca](mailto:eto@wrfn.ca) or fax 867-862-7806.

Department: \_\_\_\_\_ Year: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_