



PO Box 233 · 5200 Skateen Avenue · New Aiyansh B.C. · VoJ 1Ao

GITLAXT'AAMIKS VILLAGE GOVERNMENT APPLICATION FOR SCHOOL SUPPLIES

NAME:

ADDRESS.	WORK:				
TELEPHONE:					
SCHOOL: NES					
			<u> </u>		
STU	JDENT NAMES	DATE OF BIRTH	GRADE K5 TO GRADE 12	STATUS NUMBER	CITIZEN NUMBER
*If home scho	oled call education dep	oartment.			
PARENT OR LEGAL GUARDIAN SIGNATURE			DATE		

