

**Champagne and Aishihik First Nations
Education Policies and Procedures
Appendix B – Request for School Supplies Funding**

Mother or guardian's name: _____

Address: _____

Telephone: _____ (Home) _____ (Work)

Place of Employment: _____

Father or guardian's name: _____

Address: _____

Telephone: _____ (Home) _____ (Work)

Place of Employment: _____

Name of Child or Children	Birthdate: Day/Month/Year	Citizen	Status	Grade in Sept.	School Name and Location (Town in Yukon)

Parent or Guardian's Signature: _____ Date: _____

Date Received: _____ Cheque Run #: _____ Amount Approved: _____	<u>For Office Use Only</u>	Approved: YES NO Reason: _____ _____ _____
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