



Connecting for Success

AEAC

Aboriginal Education Advisory Committee

Membership Application
PARENT/GUARDIAN

PARENT/GUARDIAN Application

Date _____

Name _____ Mr Mrs Ms

Address _____

City _____ Postal Code _____

Telephone (home) _____ Telephone (work) _____

Email _____

School child(ren) attend(s) _____

Principal's Signature _____

I, the undersigned, acknowledge that I:

- am of Aboriginal ancestry
- demonstrate interest in the education of Aboriginal students
- am a public school ratepayer
- have children enrolled in the Lakehead District School Board

Freedom of Information: Personal information on this form is collected under the authority of the Education Act, R. S. O. 1980, subsection (2) of section 206. Information collected will be used by the Aboriginal Education Advisory Committee to the Lakehead District School Board.

PARENT/GUARDIAN Signature _____

Return completed application to: AEAC
c/o Superintendent of Education
Lakehead District School Board
2135 Sills Street
Thunder Bay, ON P7E 5T2