

Connecting for Success





Aboriginal Education Advisory Committee

Please complete and return to	Aboriginal Education Advisory Committee c/o Superintendent of Education Lakehead District School Board 2135 Sills Street Thunder Bay, ON P7E 5T2
	Date
Community Agency/Group Applicant	
Name of Community Agency/Group Applicant	
Executive Officer (with whom we correspond)	
Position	
Address (where we correspond)	
City Post	tal Code
Telephone (Work)	Email (Work)
Applicant Representative	
Applicant Representative of Community Agency/Group	
Address (if Different than above)	
	Telephone (Work)

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.