



Lakehead Public Schools

APPLICATION FOR INDIGENOUS STUDENT TRUSTEE

NAME:		BIRTH DATE:
ADDRESS:		
TELEPHONE NUMBER:	CELL NUMBER:	
E-MAIL:		
SECONDARY SCHOOL:		GRADE:
WORK EXPERIENCE:		
VOLUNTEER EXPERIENCE:		

SCHOOL ACTIVITIES:

WHY ARE YOU INTERESTED IN SERVING AS INDIGENOUS STUDENT TRUSTEE:

FUTURE GOALS OR ASPIRATIONS:

REFERENCES – IN-SCHOOL: (please provide a name, phone number and email address for each reference)

REFERENCES – OTHER: (please provide a name, phone number and email address for each reference)

APPLICANT'S SIGNATURE: _____ DATE: _____

FREEDOM OF INFORMATION

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, C.E-2, s.58 and will be used to assess your qualifications. Questions regarding the collection of this information should be directed to the Office of the Director, Lakehead District School Board, 2135 Sills Street, Thunder Bay, Ontario P7E 5T2. Telephone (807) 625-5100.