



Connecting for Success

IEAC

Miiniwewinan: Indigenous 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 Indigenous ancestry
- demonstrate interest in the education of Indigenous 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 Indigenous Education Advisory Committee to the Lakehead District School Board.

Return completed application to:

IEAC
c/o Superintendent of Education
Lakehead District School Board
2135 Sills Street
Thunder Bay, ON P7E 5T2

Committed to the success of every student

www.lakeheadschoos.ca