



Connecting for Success

Membership Application
PARENT/GUARDIAN



Miiniwewinan: Indigenous Education Advisory Committee

PARENT/GUARDIAN Application

Date _____

Name _____ Mr Mrs Ms

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
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