Michipicoten First Nation

Culture, Language and Education

Department Presents:

Back to School Program

Name of Parent: _____

Name of Student: _____

Family Address: _____

City, Province: _____

Postal Code: _____

Phone Number: _____

Age of Student: _____

Grade of Student: _____

Status Number of Student: _____

What school they are attending: _____

Any missing information, forms will be returned.

Direct Deposit information will be required:

Please send requests to: Christine Lewis

Subject Line: Back to School Program

Email: clecoordinator@michipicoten.com

Phone: 705-914-0415