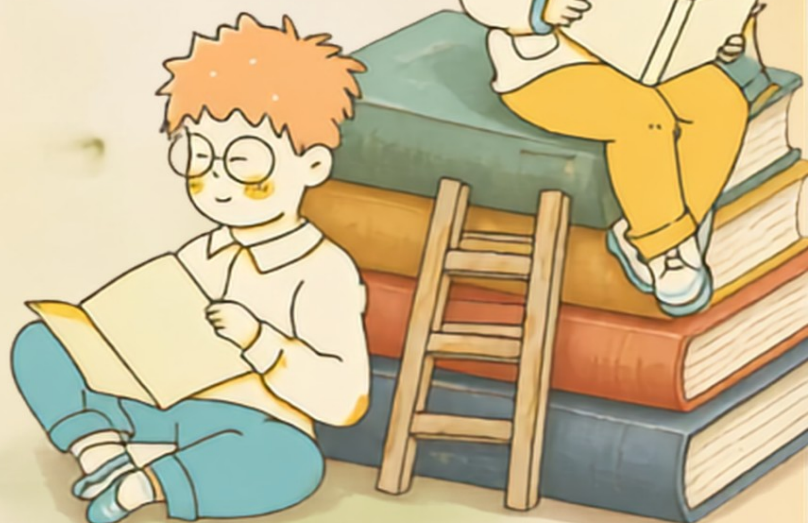




Michipicoten First Nation Culture, Language and Education

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

