TOQUAHT NATION ADMINISTRATION SCHOOL SUPPLIES APPLICATION FORM

Name:					
Are you a parent/guardia	an applying on be	chalf of a ch	ild/children?:	YES	NO
Mailing Address:					
Home Phone:					
E-mail:					
Name of Student	Birthday	Grade	Name of Sch	nool	School ph. #
mail. Allow 2 weeks for Toquaht Nation PO Box 759 Ucluelet, BC VO	• •	Fax: 250	0-726-4403 naomim@toqua	ht.ca	
	FOR OI	FFICE U	SE ONLY		
GRADE	RATE	# OF KIDS APPROVED		TOTAL A	
	40-				MOUNT
Kindergarten	\$25				MOUNT
Kindergarten Grade 1-2	\$25				MOUNT
					MOUNT
Grade 1-2 Grade 3-5 Grade 6-8	\$45 \$55 \$75				MOUNT
Grade 1-2 Grade 3-5	\$45 \$55				MOUNT
Grade 1-2 Grade 3-5 Grade 6-8	\$45 \$55 \$75	TOTAL			MOUNT
Grade 1-2 Grade 3-5 Grade 6-8 Grade 9-12	\$45 \$55 \$75	TOTAL:		\$	MOUNT
Grade 1-2 Grade 3-5 Grade 6-8	\$45 \$55 \$75	TOTAL:		\$	MOUNT