

You MUST attach CANADA CHILD TAX BENEFIT NOTICE outlining names and birthdays

Personal Information (Please Print)

First Name	Middle Name	Last Name
Home Address		Telephone
Academic Address (if different from home)		Telephone
Date of Birth	Academic Student Number	Social Insurance Number
Education Institution		Address of Educational Institution

Dependents

Child Name: _____

Band Name: _____ Treaty Number: _____ Birth Date (MM/DD/YY) _____

Child Name: _____

Band Name: _____ Treaty Number: _____ Birth Date (MM/DD/YY) _____

Child Name: _____

Band Name: _____ Treaty Number: _____ Birth Date (MM/DD/YY) _____

Child Name: _____

Band Name: _____ Treaty Number: _____ Birth Date (MM/DD/YY) _____

Child Name: _____

Band Name: _____ Treaty Number: _____ Birth Date (MM/DD/YY) _____

Child Name: _____

Band Name: _____ Treaty Number: _____ Birth Date (MM/DD/YY) _____

Legal Guardian

I, _____, declare that the above minor child(ren) are under my legal guardianship AND I am the daily caregiver, meaning the child(ren) are living with me.

I, _____, agree to inform the Peigan Board of Education of any changes which may affect my allowance eligibility.

Signatures

Student
Signature: _____ Date: _____

Partner
Signature: _____ Date: _____

Witness
Signature: _____ Date: _____

FOR OFFICE USE ONLY

Authorizing Signature: _____ Date: _____