

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: \_\_\_\_\_