



**TOQUAHT NATION ADMINISTRATION
SCHOOL SUPPLIES APPLICATION FORM**

Name: _____

Are you a parent/guardian applying on behalf of a child/children?: YES NO

Mailing Address: _____

Home Phone: _____

E-mail: _____

Name of Student	Birthday	Grade	Name of School	School ph. #

Send this application form between each year to the Toquaht Nation office by mail, fax or e-mail. Allow 2 weeks for cheque processing.

Toquaht Nation
PO Box 759
Ucluelet, BC V0R 3A0

Fax: 250-726-4403
Email: naomim@toquaht.ca

FOR OFFICE USE ONLY

GRADE	RATE	# OF KIDS APPROVED	TOTAL AMOUNT
Kindergarten	\$25		
Grade 1-2	\$45		
Grade 3-5	\$55		
Grade 6-8	\$75		
Grade 9-12	\$100		

TOTAL:	\$
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Approval: _____

Date: _____

Acct: 7260 Books & Supplies / Dept: 8100 Child Welfare