



APPLICATION FOR SCHOOL SUPPLIES

Student's Name: _____

Date of Birth: _____ Band Number: _____

Only students living on Millbrook Reserve are eligible for School Supply Funds

School to be attended upcoming year: _____

Grade: _____ School Phone Number: _____

Parent Names: _____ Home Phone: _____

Parent's Email Address: _____

Mailing Address: _____

Other Pertinent Information: _____

For office use only – Cheque #: _____

By signing this application form you give permission for the attending school to provide Millbrook Educational Services Director with information regarding your child's attendance and academic performance.