



Phone: 1 800 693-3112
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MILLBROOK LUNCH ALLOWANCE APPLICATION 2014-15

Student Name: _____ **Date of Birth:** _____

Student's Band Number: _____ **Phone:** _____

Parent Email Address: _____

Mailing Address: _____

SCHOOL INFORMATION

Name of School: _____ **Grade:** _____

Contact Email at School: _____ (if available)

Do you wish for this allowance to be mailed () or picked up ()

Address to be mailed: _____

Name of person who has permission to pick up cheque: _____

Date

Parent / Guardian Signature

Please note that Attendance records must be submitted to this office, by the school, each month before Lunch and/or Attendance Allowances will be issued. By signing the application form you are giving permission for Debbie Gloade to request information from the attending school regarding the student on this application.