



High School Student Allowance Application

PERSONAL & CONTACT INFORMATION

First Name:		Middle Initial(s):	Last Name:	
MCFN 10 Digit Registration Number:		Expiry Date:		
Date of Birth:		Cell Phone:	Home Phone:	
Physical Address (Where do you live?):		Mailing Address (If different from physical address):		
Email Address:		Best Way to Reach You (Please Circle):		
		Cell Phone	Home Phone	Email

SECONDARY SCHOOL INFORMATION

<p>I am registered as a full-time student at:</p> <p><input type="checkbox"/> Hagersville Secondary School (HSS)</p> <p><input type="checkbox"/> Assumption College School (ACS)</p> <p><input type="checkbox"/> McKinnon Park Secondary School (MPSS)</p> <p><input type="checkbox"/> Other: _____</p> <p>I am applying for high school allowance for credits obtained during:</p> <p><input type="checkbox"/> Fall (September to January) 20____</p> <p><input type="checkbox"/> Winter (January to June) 20____</p>	<p>I am registered as a part-time student at:</p> <p><input type="checkbox"/> Hagersville Secondary School (HSS)</p> <p><input type="checkbox"/> Assumption College School (ACS)</p> <p><input type="checkbox"/> McKinnon Park Secondary School (MPSS)</p> <p><input type="checkbox"/> Other: _____</p> <p>I am applying for high school allowance for credits obtained during:</p> <p><input type="checkbox"/> Fall (September to January) 20____</p> <p><input type="checkbox"/> Winter (January to June) 20____</p>
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I, _____, am applying for the high school allowance for my child/ward who is under the age of 16 and certify that the information above is true and correct.

Signature of Parent/Guardian: _____

Date: _____

I, _____, am applying for the high school allowance and certify that the information above is true and correct.

Signature: _____

Date: _____



Education Department

Mississaugas of the Credit First Nation
6 First Line Road, R.R. #6, Hagersville, Ontario NOA 1H0



Phone: (905) 768-0100

