



CARCROSS/TAGISH
FIRST NATION

Capacity Development

By signing below, you understand and agree to these conditions.

Parent/Guardian signature: _____ Date: _____

Student: _____ Grade: _____

School Attending: _____ Town: _____

C/TFN Status/Beneficiary Number: _____

Student Name: _____

Phone/Cell number: _____ Email: _____

Parent/Guardian Name(s): _____

Phone/cell Number(s): _____

Email: _____

Address: _____

FOR OFFICE USE ONLY

Comments/Instructions:

Date of pickup and initials: