



Box 130, Carcross, Yukon Y0B 1B0
 P (867) 821-4251 F (867) 821-8214
www.ctfn.ca

School Supplies Request for the Year _____

Parent/Guardian Name:					Date:	
Mailing Address:						
Phone #:						
Student's Name	Registry Number <i>(status)</i> * or Beneficiary Number <i>(non-status)</i>	Date of Birth <i>Day/Month/Year</i>	Age Now	Grade K4 - 12	Office Use Only	
TOTAL						
School Attending <i>(student must already be registered)</i>			Location			

Will you or have you received any other school supply subsidies for the student(s) mentioned above? YES NO

If Yes, from where? _____ Amount received? _____

I declare that all information given is true to the best of my knowledge: Signature: _____

Once your application is reviewed, any subsidy you qualify for will be mailed to you. Please ensure you have included your correct mailing address above. If you have any questions or concerns, please call the Education Manager @ 821-4251 ext: 8229

**** You must provide your child's registry number or beneficiary number on this form, or it will not be processed****

cc//Student File