

Aboriginal carving Class  
Application Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Home School: \_\_\_\_\_ Age: \_\_\_\_\_  
PEN#: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Care Card #: \_\_\_\_\_

In case of medical emergency alternate evening contact name and number:

\_\_\_\_\_

\*\*My son/daughter has permission to attend all field trips. Yes/No (circle one)

\*\* I understand that transportation is the responsibility of the student and his/her family.

Parent/Guardian consent:

\_\_\_\_\_ Date: \_\_\_\_\_

Home School Support Worker/Administrator approval: \_\_\_\_\_

Date: \_\_\_\_\_

I would like to attend the Secondary Aboriginal Carving Class because:  
(small paragraph please)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree to attend all classes, including field trips.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_