

Matawa Student Care Centre Application

200 N Lillie St

Thunder Bay ON P7C 5Y2

Tel: 807-768-3300 Fax: 807-768-3301 carecentre@matawa.on.ca

Student Information

C. 1 1 1 1 1 1 1		Se	ex: Male	Female	_
Student's legal (Last Name	2)				
		D	ate of Birth	,	/
Student's legal (First Nam			day month	i year	
Status Card Number					
Current school name or la	Last grade completed				
	Parent/Legal G	uardian Inform	<u>ation</u>		
Legal Guardian		Legal Guardian			
Given First Name	Given First Name				
Last Name	Last Name				
Street Address (PO Box)	Street Address (PO Box)				
City Prov	Postal Code	City	Prov	7	Postal Code
Phone Number(s)	Phone Number(s)				
Email Address	Email Address				

By filling out and submitting this application you are not guaranteed a room in the Matawa Student Care Centre. Final selection will be made by a selection panel including representation from each Matawa community as well as Matawa Student Care Centre administration.

Completed applications can be sent ATTN: Matawa Student Care Centre

Mail: 200 N Lillie St. Thunder Bay ON. P7C 5Y2
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