



# SAGKEENG ANICINABE GOVERNMENT

## Day Scholar Information Form

PLEASE RETURN TO: SAGKEENG GOVERNMENT OFFICE: Fax (204) 367-4315, OR  
SAGKEENG HEALTH CENTRE Fax: (204) 367-9535

Person Submitting Form: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

<p><b>Name of Day Scholar:</b> _____</p> <p>Treaty # 262-_____ (Sagkeeng Members Only)</p> <p>Date of Birth: Month____ Day____ Year_____</p> <p>Total # of Years in Day School: _____</p> <p>School Attended (Check one or both)</p> <p>Fort Alexander South Shore (___) Fort Alexander North Shore (___)</p>
<p><b>Name of Day Scholar:</b> _____</p> <p>Treaty # 262-_____ (Sagkeeng Members Only)</p> <p>Date of Birth: Month____ Day____ Year_____</p> <p>Total # of Years in Day School: _____</p> <p>School Attended (Check one or both)</p> <p>Fort Alexander South Shore (___) Fort Alexander North Shore (___)</p>

List of Day Scholar Descendants (Please identify Children/Grandchildren & Date of Birth)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

**Office Use Only:**

**Date Received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**Information Entered:**