

GRADUATION APPLICATION FORM

| DATE: | |
|------------------------------------|----------------|
| STUDENT NAME: | |
| ADDRESS: | · |
| BAND NUMBER: PHONE NUMBER: | |
| SCHOOL: GRADUATION YEAR: | |
| REQUEST: GRADUATION ATTIRE: 300.00 | |
| PARENT SIGNATURE: | |
| PAYABLE TO: | |
| DIRECT DEPOSIT CHECK | |
| BANK INFORMATION: | 4 |
| Bank Name Branch | Account Number |
| APPROVED BY: | |
| Education Manager. | |

PO Box 20, Lytton, BC Canada, V0K1Z0 Phone:250-455-2304 Fax:250-455-2291