

Akisqnuk Education Services Needs assessment

Name: _____

Address: _____

Phone number: _____

Please specify children who are currently in school:

NAME	AGE	GRADE	SCHOOL	Akisqnuk Band member? Y/N

Please share what expenses you currently cover for your child’s education:
 (please provide approximate amount per student)

Expense (please list)	Amount per year

Total cost per year, per student: \$ _____

Does your child reside: ___ On-Reserve (Akisqnuk reserve ___ Other ___) ___ Off Reserve

Is your child supported financially by the Education department of a First Nation? ___ Yes ___ No

If yes, please list what First Nation: _____

If no, do you receive financial support for these costs from another organization? ___ Yes ___ No

If yes, please provide amount covered:

\$ _____

Please provide any other supports your child may need from Akisqnuk Education Department.

Please return completed form to : stephanie.sam@akisqnuk.org or at the Columbia Lake Recreation Centre