

FIRST NATIONS SCHOOL DATA COLLECTION

1601

1. MINISTRY SCHOOL CODE		2. SCHOOL NAME		3. REPORT DATE	
				YYYY	MM DD
A. MAILING ADDRESS					
4. ADDRESS					
5. CITY		6. PROVINCE		7. POSTAL CODE	
8. TELEPHONE		9. FAX		10. E-MAIL	
11. TITLE (MR, MRS, MS ETC.)		12. SURNAME OF PRINCIPAL OR HEAD TEACHER		13. FIRST NAME	
				14. MIDDLE NAME	
B. PHYSICAL ADDRESS (COMPLETE THIS SECTION ONLY IF YOUR PHYSICAL ADDRESS IS DIFFERENT FROM YOUR MAILING ADDRESS IN 'A' ABOVE)					
15. ADDRESS					
16. CITY		17. PROVINCE		18. POSTAL CODE	

REASON FOR SUBMITTING (PLEASE CHECK ALL THAT APPLY):

BC GRADUATION ([Click here for more information](#)):

RECIPROCAL TUITION
([Click here for more information](#).)

BC ASSESSMENTS (GRADUATION)
([Click here for more information](#).)

DOGWOOD DIPLOMA

ADULT DOGWOOD DIPLOMA

24. CERTIFIED CORRECT, SIGNATURE OF PRINCIPAL	25. Date