Sagamok Anishnawbek
Child and Family Advocacy Unit
610 Sagamok Road, Unit 4
PO Box 2230
Sagamok, Ontario
P0P 2L0
Phone: (705) 865-3229

Back to School Claim Form

Name/Caregiver: _____

Address: _____

Phone #: _____ Email Address: _____

Name:		**DOB:**		**Status Card #**	
Name:		**DOB:**		**Status card #**	
Name:		**DOB:**		**Status Card #**	
Name:		**DOB:**		**Status Card #**	
Name:		**DOB:**		**Status Card #**	
Name:		**DOB:**		**Status Card #**	

School Attending 2026/ 2027:
Name:_____
Address:_____
Phone #: _____

If additional school information is required:

School Attending 2026/ 2027:
Name:_____
Address:_____
Phone #:_____

( ) Consent for the Release of Information is attached

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Itemized Receipt: ( ) YES ( ) NO

Date:_____

Direct Deposit received: ( ) YES ( ) NO Date:_____

Name: _____ Signature: _____

Date: _____

For Office Use Only:
Completed By:
Staff Signature:
Date: