

Regional Parent Council

Registration Form

Miigwech for expressing your interest and dedication into ensuring or Bimose Schools, are served by strong, compassionate and dedicated	DATE OF REGISTRATION
individuals such as yourself. We look forward to working with you so	on! / /
PERSONAL INFORMATION	
Full Name :	
School you will pe representing:	
Date of Birth : / / Community:	
Email :	
Gender: Male Female Phone:	
Do you prefer meetings: In person Zoom/Microsoft Teams	Mixture of Both
Preferred Time of Day: Morning Afternoon Eveni	ngs
Days Available for meetings: Monday-Friday Weekend	ls Both
Do you have food related allergies? if so, please list.	
ADDRESS	
Present Address :	
Community: Proving	nce:
Postal Code:	
DDITIONAL INFORMATION ——————	

Travel, meals and accommodations provided.

THANK YOU FOR REGISTRATION

Please Forward Information to: Erica Fisher, Structural Readiness Co-ordinator Email: efisher@bimose.ca Fax No. 807-468-03908

Signature