



**NORTHERN NISHNAWBE EDUCATION COUNCIL**  
**STUDENT SERVICES**  
 315 North Edward Street  
 Thunder Bay, Ontario P7C 4P3



Phone: (807) 628-8413

Fax: (807) 475-9723

Toll Free: (866) 530-8590

**PERSONAL INFORMATION**

**Applicant Information**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Marital Status:**

Married

Common Law

Single

Separate

**Employment:**

**Employer:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Work No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SPOUSE INFORMATION**

**Name:** \_\_\_\_\_

**Employment:**

**Employer:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Work No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**HOUSEHOLD INFORMATION**

**OTHER MEMBERS OF HOUSEHOLD**

First & Last Name	DOB (d/m/y)	Relationship to Boarding Parent
• _____	( ____ / ____ / ____ )	_____
• _____	( ____ / ____ / ____ )	_____
• _____	( ____ / ____ / ____ )	_____

**Primary Language Spoken:** \_\_\_\_\_ **Other Languages Spoken:** \_\_\_\_\_

**Type of Housing:**

Bungalow  Duplex/Multiplex  Apartment  Other: Explain \_\_\_\_\_

**# of Bedrooms:** \_\_\_\_\_ **# of Bathrooms:** \_\_\_\_\_ **Laundry:** Yes / No **Study/Den Facilities:** Yes No

**DATA CLERK USE ONLY**

**DATE:** \_\_\_\_\_ **INTERVIEWED:**  Yes /  No

**WORKER:** \_\_\_\_\_ **HOME INSPECTION:**  Yes /  No

**HOME STATUS:**  Approved  Not Approved