

Indigenous Education Resources Request Form

Please send the completed form to:

Grades 7-12 : Colby.demerchant@cdsbeo.on.ca

Kindergarten-6: melissa.mader@cdsbeo.on.ca

School:

Teacher:

School Principal's Signature:

Course/class being supported:

Anticipated date of event:

Name of Presenter/Performer/Place/Teacher/Company:

Brief description of performance/event/resource:

Specific links to the curriculum:

Cost: (provide details when cost can be broken down)

(Board Use Only)

Approved by - Signature

Date

Budget Code