

You must be able to answer YES to both of the following questions please fill out this form

1. Have you attended a Federally Run and Operated Residential School? (Please refer to the attached list of Certified Residential Schools): Yes No
2. Did you return to a home every night, instead of sleeping at the residential school? Yes No

If you answered NO to either of these questions the Day Scholar Class Action does not affect you. If you answered YES please fill in the form.

***Please fill in this form to the best of your ability and send it back to us; the top portion is for the Day Scholar Survivors names & the bottom portion is to record the names of the Day Scholars children.(son/daughter only)**

If your parent was a Day Scholar and is now deceased, please put (deceased) in brackets note that you were the one to fill in the form with your name and contact information. Or have the Executor of the Estate fill in the form.

Note: this form is for information purposes only & is not a formal application for compensation.

Name of Day Scholar (your name) :	Date of Birth:	Nation:	Status #/ Treaty #	Residential School Attended:	# Years You Attended as a Day Scholar	Telephone:	Address
Descendant Class (write the names of your children-son or daughter):	Date of Birth:	Nation:	Status #/ Treaty #	N/Applicable	N/Applicable	Telephone:	Address:
				N/A	N/A		
				N/A	N/A		
				N/A	N/A		
				N/A	N/A		
				N/A	N/A		
				N/A	N/A		
				N/A	N/A		
				N/A	N/A		