Lakes District Secondary School
PO Box 3000 Burns Lake, BC V0J 1E0
Telephone (250) 692-7733 Fax (250) 692-4231

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Legal Name: _____

Full Legal Name when at LDSS: _____

Any other aliases used at LDSS: _____

Date of Birth: _____

Last Year attended at LDSS: _____ or year of Graduation: _____

Phone Number: (_____) _____ - _____

Mailing Address: PO Box _____

or Street Address _____

City _____ Province _____

Postal Code _____

Signature: _____ Date: _____

"At LDSS, we believe in being: Responsib**L**e, Kin**D**, Re**S**pectful, and Hone**S**t."