

## **School Information**

What Indian Day Schools did you attend, and on what dates did you attend? School 1: School Name, Location (if known): Years Attended: Year Departed: Please indicate the nature of the abuse(s) you experienced while at this Day School. ☐ Physical Abuse (hitting, ear pulling, strapping, etc) ☐ Severe Physical Abuse (loss of consciousness, impairment, hospital treatment, scars, etc) ☐ Sexual Abuse ☐ Emotional/Mental Abuse ☐ Student on Student Abuse ☐ Other (Please specify) School 2 (if applicable): School Name, Location (if known): Year Departed: \_\_\_\_ Year Entered: Years Attended: Please indicate the nature of the abuse(s) you experienced while at this Day School. □ Physical Abuse (hitting, ear pulling, strapping, etc) ☐ Severe Physical Abuse (loss of consciousness, impairment, hospital treatment, scars, etc) ☐ Sexual Abuse ☐ Emotional/Mental Abuse ☐ Student on Student Abuse ☐ Other (Please specify)

Filing out this form does not create any financial obligation for you and does not make you a client of Gowling WLG (Canada) LLP. Any information that you provide will be kept in strict confidence and will not be shared with any other parties without your consent. If you are a member of the proposed class and potentially entitled to receive any compensation, you will be required to complete an official Claim Form at a later date.