



THE INDIAN DAY SCHOOL CLASS ACTION REGISTRATION FORM

McLean v Canada is a Class Action lawsuit against the Canadian government for the abuses suffered by students who were forced to attend “Indian Day Schools” across Canada after 1920. This is the first national Class Action seeking compensation for Indian Day School students and their families.

If you wish to get more information, please see the attached Information Sheet. If you wish to register for our Class Action database, please complete this form. If you have any questions, please feel free to contact our law firm, Gowling WLG, toll-free at 1 (844) 539-3815. You may also refer to our website, www.gowlingwlg.com/dayschool, to complete an online Registration Form.

Personal Information

First Name: _____ *required

Last Name: _____ *required

Maiden Name: _____

Gender: Male: _____

Female: _____

Date of Birth: _____ *required

Contact Information *at least one method is required

Address: _____

City/Town: _____

Province/State: _____

Postal/ZIP Code: _____

Home Phone: _____

Cell Phone: _____

Fax: _____

Email: _____

Best way to contact you: _____

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.

School Information

What Indian Day Schools did you attend, and on what dates did you attend?

School 1:

School Name, Location (if known): _____

Year Entered: _____ Year Departed: _____ 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)

School 2 (if applicable):

School Name, Location (if known): _____

Year Entered: _____ Year Departed: _____ 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)

School 3 (if applicable):

School Name, Location (if known): _____

Year Entered: _____ Year Departed: _____ 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)

Any additional comments. Attach additional pages to this form if necessary:

Please return the completed form by mail, email or fax as per below:

Mail

Vanessa Lessard
Gowling WLG (Canada) LLP
160 Elgin Street, Suite 2600
Ottawa, ON K1P 1C3

Fax: 1-613-563-9869; Attention: Vanessa Lessard**Email:** vanessa.lessard@gowlingwlg.comGeneral information is also available at the following website: www.indiandayschools.com

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