

Application for Boarding Allowance

USE ONE FORM PER STUDENT. Completed forms are to be

sent to: School District 72 (Campbell River), c/o the Secretary-Treasurer, 425 Pinecrest Road, Campbell River B.C., V9W 3P2. Application is hereby made for a boarding allowance in accordance with operational procedure 306 (Boarding Allowance). Details are as follows:

| Parent(s)/Legal Guardian(s) Names: | | | | |
|---|---|---|------------------------------|--|
| Parent(s)/Legal Guardian(s) Mailing Address: | | | | |
| Address/Location of Family Home: | | | | |
| Parent(s)/Legal Guardian(s) Home Phone: | Parent(s) Business | /Legal Guardian(s) Phone: | | |
| Student's Name: | | | | |
| Birthdate: | Grade/Sc | chool Year: | | |
| Graduated: Yes or No | | ourses Being Taken: | | |
| School Previously Attended: | | in School District No. | | |
| School Proposed to Attend: | | in School District No. | | |
| Date Boarding Will Commence: | Date Bo | parding Will End: | | |
| Date Boarding Will Commence: | Date Bo | parding Will End: | | |
| Address of Boarding Place: | <u> </u> | | | |
| Name and address the boarding allowance ch (Payment is allowed to the parent/guardian o | | | | |
| I certify that: I have read and understand operation I will immediately inform School Dist I acknowledge that making a false statements for Proof of Residency | trict 72 should my child no longe tatement will result in dollars pa | er meet the criteria; and aid in error to be provided | back to the school district. | |
| Signature: | | Date: | | |
| The school district reserves the right to | verify the accuracy of inform | mation submitted on th | is application. | |
| | FOR OFFICE USE OF | NLY | | |
| Location of family home approved in relation | n to school and transportation. | | | |
| Secretary-Treasurer | | Superintendent of Schools | | |
| Amount of Allowance: \$ per month, commencing on | | and ending on | | |