APPLICATION FOR BOARDING ASSISTANCE
School District No. 64 (Gulf Islands)

The following student will be in regular attendance at _____
for the **2016/2017** school year.

Student's name: _____

Student will be boarding with:

Name: _____

Address: _____

Phone Number: _____

Boarding will commence: _____ _____ _____
Day *Month* *Year*

Boarding will end: _____ _____ _____
Day *Month* *Year*

Student will be boarding: full-time ☐ part-time ☐ If part-time, number of days: _____

Will Monday a.m. water taxi service be required? Yes ☐ No ☐

Will Thursday p.m. water taxi service be required? Yes ☐ No ☐

I understand the school district will pay the sum of $30 per day to a maximum of $300 per month, to assist with boarding costs during the school year for each authorized full-time boarding student. Such payment will be made directly to the parent/guardian the first of each month. I acknowledge it is the responsibility of each parent/guardian to select and approve the boarding home and to make full payment(s) directly to the boarding home for the amount contracted.

Please fill out the Parent Direct Electronic Funds Transfer Form to accompany this form. This form is available on the district site at http://sd64.bc.ca/sd64-parents/.

As the parent/guardian, I hereby agree to notify the School Board in writing within five (5) days of any change or discontinuance of the boarding arrangement stated in this application.

Signature of Parent or Guardian: _____

Please Print Name: _____

Address: _____

_____

Phone No.: _____ Email address: _____

Date of Application: _____

Postal Code: _____

Approved: _____ _____
Principal *Secretary-Treasurer*

Please return to the School Board Office, 112 Rainbow Road, Salt Spring Island, BC V8K 2K3. Fax: 250 537 4200.

Incomplete and illegible forms will not be processed.

Revised: July 18, 2016