



Application for Boarding Allowance 2020/21

USE ONE FORM PER STUDENT. Completed applications are to be mailed to: School District 27, 350 North Second Avenue, Williams Lake, BC, V2G 1Z9, or emailed to: education@sd27.bc.ca. Application is hereby made for a boarding allowance in accordance with Board Policy No. 3543.1. Details are as follows:

PART A: STUDENT INFORMATION

Student Name:					
Birthdate (Day/Month/Year):				Grade in 2020/21:	
School attending in 2020/21:					
First Nations Ancestry?	Yes	No	Living on Reserve?	Yes	No
Band of Residence:					

PART B: PARENT/LEGAL GUARDIAN INFORMATION

Parents/Legal Guardians – Eligible to receive Boarding Allowance					
Name:					
Mailing Address:			Physical Address:		
Home Telephone:			Cell Phone:		
Email:			Work Phone:		
Living With Student?:	Yes	No	Specific Custody Arrangement?	Yes	No

BOARD OFFICE USE ONLY

Approved Amount: \$ _____ Decision Date: _____

Pay Parent Pay FN Band Vendor #: _____

Proof of Residency of Parent / Legal Guardian Provided

DENIED REASON: _____



**** Proof of permanent residence status in the home community is required.**
Please attach TWO of the following documents from the parent or legal guardian who is requesting boarding allowance: (Additional proof of residency may be required).
Please do not include documents from boarding parents.

- | | |
|--|--|
| <input type="checkbox"/> Utility Bill (Hydro, Gas, Cable, etc) | <input type="checkbox"/> Credit Card Statement |
| <input type="checkbox"/> BC Property Assessment Notice | <input type="checkbox"/> Mortgage Statement |
| <input type="checkbox"/> Voter Registration Certificate | <input type="checkbox"/> Vehicle Registration (2 nd piece only) |
| <input type="checkbox"/> Income Tax Return | <input type="checkbox"/> Driver's License (2 nd piece only) |

PART C: BOARDING INFORMATION

Reason For Boarding:	
Date Boarding Will Commence:	Date Boarding Will End: <small>(boarding allowance forms must be filled in each school year)</small>
Name of Boarding Parent(s):	
Physical Address:	
Mailing Address:	
Home Phone:	Alternate Phone:
Is Boarding Parent Related to Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: Describe the Relationship:	

I certify that:

- ✓ I have read and understand Board Policy No.3543.1 (Boarding Allowance) and confirm my child meets the criteria outlined;
- ✓ I will immediately inform School District No. 27 should my child no longer meet the criteria;
- ✓ I acknowledge that making a false statement will result in dollars paid in error and I will be required to reimburse the school district;

Signature: _____ Date: _____

The school district reserves the right to verify the accuracy of information submitted on this application.



INFORMATION FOR BOARDING PARENT

(This will be forwarded by the School District to the boarding parent if the application is approved.)

2020/21

Student Name:		Grade in 2020/21:	
Date of Birth (Day – Month -Year):		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School:			
Parent/Guardian Name(s):			
Full <u>Mailing</u> Address:			
Home Telephone:		Alternate Number:	

EMERGENCY CONTACT: (NOT the boarding Parent(s) or the Parent/Guardian)

* This is someone that lives in Williams Lake/100 Mile House areas that the Boarding Parent can contact in case of an emergency.

Name:	
Home Phone:	Alternate Phone:

First Nations Band Education Coordinator: (if applicable)

Education Coordinator Name:
Band Name:
Telephone Number:



MEDICAL INFORMATION FOR BOARDING PARENT

(This will be forwarded by the School District to the boarding parent if the application is approved.)

2020/21

Care Card Personal Health Number:		
Family Doctor:	Telephone:	
Does your child take any medication on a regular basis? No Yes		
If yes, please list below. <input type="checkbox"/> <input type="checkbox"/>		
Medication	Dosage	Time of Administration
Please indicate all over-the-counter medications that your child may be given:		
<input type="checkbox"/> Aspirin <input type="checkbox"/> Tylenol <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Cold/Cough Syrups		
Other: _____		
Please indicate if your child suffers from any of the following:		
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Migraines <input type="checkbox"/> Dizzy Spells		
<input type="checkbox"/> Heart Condition Other: _____		
If yes, please list any medications your child may take:		
Medication	Dosage	Time of Administration
Does your child have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, please specify: _____		
Does your child carry an epi-pen? <input type="checkbox"/> No <input type="checkbox"/> Yes		



ONLY FOR STUDENTS WHO ARE RECEIVING BOARDING SUPPORT FROM THEIR FIRST NATIONS BAND 2020/21

In order to assist parents who may have difficulty getting the monthly payments to the boarding parents, parents may authorize School District No. 27 to **pay the boarding allowance directly to their First Nations Band** by completing, signing and returning this authorization. The Band will then pay the boarding parents

I, _____, hereby authorize School District No. 27 to pay
(Name of Parent/Guardian)

_____ Band the monthly boarding allowance for my child,
(Name of Band)

_____ for the 2020/21 school year.
(Name of Student)

Signature of Parent/Guardian

Date

If parents want to personally receive the monthly payments and then pay the boarding parents themselves, please do not fill out this form.



GENERAL INFORMATION

The application and boarding home information must be completed and **submitted by the parent/guardian** to the Superintendent of Schools or designate at:

School District No. 27 (Cariboo-Chilcotin)
350 North Second Avenue
Williams Lake, BC
V2G 1Z9
Email: education@sd27.bc.ca

ALL sections MUST be completed, signed, and proof of residency attached. Incomplete applications WILL NOT be processed.

A letter of approval or denial will be sent to the parent/guardian, and if applicable, the First Nations Band Education Coordinator.

If you do NOT receive a letter within 2 weeks of submitting your Boarding Allowance Application please contact the Education Department to confirm that your application was received.

ALL CONTRACTUAL ARRANGEMENTS FOR BOARDING A STUDENT ARE BETWEEN THE PARENT OF THE STUDENT AND THE BOARDING PARENT.

THE SCHOOL DISTRICT'S OBLIGATION IS LIMITED TO PAYMENT OF THE BOARDING ALLOWANCE TO THE PARENT OR FIRST NATION BAND.

The boarding allowance rate for 2020/21 is \$500.00 per month based on the student's attendance. If there is more than one boarding student in a family, the allowance will be reduced (60% of 2nd child; 40% for 3rd child). **If a student has an unexcused absence the number of days will be deducted from the boarding allowance. Students eligible for boarding support from another source will be paid at 50% of the monthly rate.**

THE BOARDING PARENT SHOULD INFORM THE SCHOOL OF A STUDENT'S ABSENCE.

Payments are made by direct deposit or cheque TO THE PARENT/GUARDIAN OR FIRST NATION BAND. Payments are made by the 15th of the following month. (Example: Boarding allowance for May will be received on June 15th).

THE PARENT/GUARDIAN OR FIRST NATIONS BAND IS TO PAY THE BOARDING PARENT