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

Student's name:	ol year.				
Student will be boarding					<u> </u>
Name:					
Address:					
					<u> </u>
Phone Number:					<u> </u>
Boarding will commence	Day	-	Month	<u> </u>	
Boarding will end:					
2 our uning ,, in once	Day	-	Month	Year	
Student will be boarding	g: full-time □	part-tin	me □ If part-tim	e, number of days:	
Will Monday a.m. water	r taxi service be re	equired?	Yes □ No □		
Will Thursday p.m. wat	er taxi service be i	reauired?	? Yes □ No □		
costs during the school ye	ear for each authori	zed full-ti	me boarding student.	um of \$350 per month, to assist with the Such payment will be made directly to	to the
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Incomplete and illegible forms will not be processed.

Revised: September 16, 2019