

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

The Board of Education recognizes that some students may not be able to cover costs associated with various aspects of their schooling. Boarding Assistance is available to families to ensure that no student is denied an opportunity to participate in education programs or activities based on financial hardship (Policy 6700 Student Financial Assistance)

**Student's name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School of attendance:** \_\_\_\_\_ **School Year: 20**\_\_\_\_ **/20**\_\_\_\_

**Name of the person student will be boarding with:** \_\_\_\_\_

**Boarding Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**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 \$35 per day to a maximum of \$350 per month, to assist with boarding costs during the school year for each authorized full-time boarding student. 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.

**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.**

Parent/Guardian Name (Please print) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Educational programs/activities student participates in that require overnight boarding: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I am requesting boarding assistance due to financial hardship/need:** Yes  No

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date of Application

*Approved:* \_\_\_\_\_

*School Principal*

\_\_\_\_\_  
*Secretary-Treasurer*

Please fill out the Parent Direct Electronic Funds Transfer Form to accompany this form. This form is available on the district site at <https://sd64.bc.ca/page/420/parent-information-and-resources>. Please return the completed form, signed by the school principal, to the School Board Office at 112 Rainbow Road, Salt Spring Island, BC V8K 2K3. Fax: 250 537 4200. **Incomplete and illegible forms will not be processed.**