

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

Student's Name: _____ **Parent /Guardian's Name:** _____

School Attended: GISS SIMS SSE

Student's Home Island: Galiano Mayne Pender Saturna

Please indicate the dates your student boarded and submit to accounting@sd64.org before the second Monday of the subsequent month for payment.

Month Tracked: _____ **School Year:** 20____ /20____

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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. 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. I acknowledge it is the responsibility of the parent/guardian to track and submit accurately the number of days my student boarded each month.

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 / Guardian: _____

Date of Submission: _____

To be filled out by Transportation Department:

The above dates agree with evening water taxi manifests: Yes No

Confirmed by (Initials): _____