



SOUTHEAST RESOURCE DEVELOPMENT COUNCIL CORP.

Southeast Student Services
300 - 208 Edmonton Street
Winnipeg, MB
R3C 1R7

HOME PLACEMENT APPLICATION FOR EDUCATION ASSISTANCE

PERSONAL DATA				
Name	Date of Birth	Social Ins. No.	Band	No.
Medical No.	Parents / Guardians			
PREVIOUS SECONDARY EDUCATION				
Name	Location	Grade Completed	Year	

ASSISTANCE REQUIRED:

I hereby make application:

(a) To attend _____ School in _____

(b) To enroll in Grade _____ from _____ to _____

(c) To reside with _____ at _____

OR to live in _____
(NAME OF RESIDENCE)

DATE

SIGNATURE OF STUDENT

AUTHORIZATION OF PARENT / GUARDIAN (if student is 17 years or younger)

I hereby authorize the Southeast Resource Development Council to act on my behalf as stated hereunder:

- (a) To arrange educational assistance for my child / ward as noted in Part B above.
- (b) To grant permission for medical, optical or dental treatment that my child / ward may require, also for emergency surgical treatment, but only in the event that I cannot be contacted.
- (c) To grant permission for my child / ward to travel, as required, to participate in the program noted above and supervised activities organized for students. Individual unsupervised travel must be authorized by parents / guardians in writing before it will be permitted.
- (d) All houseparents / guardians are subject to provide a criminal check / criminal abuse registry.

This authorization is to remain in effect from _____ to _____
or until it has been cancelled in writing by either party or the student is discharged / withdraws from the program.

DATE

SIGNATURE OF PARENT / GUARDIAN

RELATIONSHIP TO CHILD

I hereby certify that the above authorization is understood by the parent / guardian and that I witnessed the signature.

DATE

SIGNATURE OF WITNESS

POSITION OF WITNESS

PRINCIPAL'S CONSENT & RECOMMENDATIONS:

Grade Completed: _____
 _____ DATE _____ PRINCIPAL'S SIGNATURE

HOME / SCHOOL CO-ORDINATOR'S COMMENTS & RECOMMENDATIONS:

 DATE PRINCIPAL'S SIGNATURE

COST OF EDUCATION	APRIL _____ TO AUGUST _____	SEPT. _____ TO MARCH _____
TUITION		
SCHOOL SUPPLIES		
GYM SUPPLIES		
SHOP SUPPLIES		
DRIVER EDUCATION		
TUTORIALS		
ROOM & BOARD		
TRAVEL (SEASONAL)		
TRAVEL (DAILY)		
CLOTHING		
ALLOWANCE		
GENERAL EXPENSE		
TOTAL		

I understand the following conditions for sponsorship by S.E.R.D.C.:

- To attend all scheduled classes regularly.*
- To consult with the Counsellor if any problems arise: academically, emotionally, physically or financially.*
- To meet the standards required by the school for continuation in my program of studies.*
- To provide my marks and reports to S.E.R.D.C. Counselling Program upon my Counsellor's request.*
- To adhere to any rules and regulations, as may from time to time, be advised by Southeast Resource Development Council.*

 DATE PARENT / GUARDIAN SIGNATURE STUDENT SIGNATURE

 DATE SIGNATURE OF AUTHORIZING OFFICER POSITION