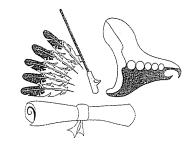


Sapotaweyak Education Authority
General Delivery
Pelican Rapids, MB R0L 1L0 Phone # (204) 587-2115 Fax # (204) 587-2123



Email: education@ndkms.com

HOUSE PARENT APPLICATION ************************************
ded will be classified as " <u>CONFIDENTIAL</u> "
ATION .
AME:
E:
R (HOME):
R (WORK):
ACCOUNT NUMBER:
CHEQUING SAVINGS PLAN 24
AGE: M F
AGE: M F
AGE: M F
ER PERSONS RESIDING IN THE HOME WITH YOU? YES NO
RELATIONSHIP TO YOU
ACCOUNT NUMBER: CHEQUING SAVINGS PLAN 24 AGE: M F AGE: M F AGE: M F AGE: M F AGE: M F

EMPLOYMENT APPLICANT SPOUSE PRESENT EMPLOYER: PRESENT OCCUPATION: LENGTH OF EMPLOYMENT: **DESCRIPTION OF HOME** TYPE OF HOME: NUMBER OF BEDROOMS: _____ WOULD STUDENT(S) BE IN A SHARED ROOM? YES NO IF YES, WITH HOW MANY? _____ IS THERE A FULL BASEMENT? YES NO NUMER OF BEDROOMS: STUDENT INTAKE HAVE YOU KEPT STUDENTS IN THE PAST?

YES NO WHAT IS YOUR PREFERENCE MALE STUDENTS, FEMALE STUDENTS OR BOTH? WHAT ARE YOUR REASONS FOR WANTING TO KEEP STUDENTS? DO YOU HAVE ANY OBJECTIONS TO KEEPING SPECIAL NEEDS STUDENTS? IF YES, PLEASE EXPLAIN: LIST SOME RULES AND EXPECTATIONS OF STUDENT(S) LIVING IN YOUR HOME.

IF THE STUDENT(S) DO NOT FOLLOW THESE RULES AND EXPECTATIONS, WHAT WOUL YOU DO? GIVEN AN EXPLANATION:
REFERENCES
PLEASE PROVIDE TWO REFERENCES, WHOM WE MAY CONTACT FOR INFORMATION REGARDING YOUR HOME AND HOUSEPARENTING SKILLS.
NAME:
ADDRESS:
PHONE:
NAME:
ADDRESS:
PHONE:
CONSENT
I HEREBY CERTIFY THE INFORMATION PROVIDED TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I DO HEREBY AUTHORIZE THE SAPOTAWEYAK EDUCATION AUTHORITY TO CONDUCT AN INQUIRY DEEMED NECESSARY IN ASSESSING MY APPLICATON AS A HOUSEPARENT.
SIGNED THIS DAY OF, 20
SIGNATURE OF APPLICANT:
SIGNATURE OF SPOUSE: