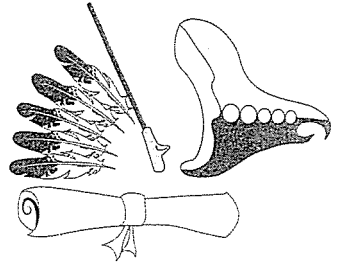


Sapotaweyak Education Authority

General Delivery
Pelican Rapids, MB R0L ILO
Phone# (204) 587-2115
Fax# (204) 587-2123
Email: education@ndkms.com



HOUSE PARENT APPLICATION

All information provided will be classified as "**CONFIDENTIAL**"

PERSONAL INFORMATION

APPLICANT'S FULLNAME _____

SPOUSE'S FULL NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER (HOME): _____

TELEPHONE NUMBER (WORK): _____

EMAIL ADDRESS: _____

NAME OF BANK: _____

ADDRESS: _____

TRANSIT NUMBER: _____ ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: CHEQUING SAVINGS PLAN 24

DEPENDANTS

1. _____ AGE: _____ M F

2. _____ AGE: _____ M F

3. _____ AGE: _____ M F

ARE THERE ANY OTHER PERSONS RESIDING IN THE HOME WITH YOU? YES NO

IF YES PLEASE LIST

RELATIONSHIP TO YOU

EMPLOYMENT

APPLICANT

SPOUSE

EDUCATION/SPECIALIZED TRAINING: _____

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 NUMBER 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.

1. -----

2. -----

3. -----

4. -----

IF THE STUDENT(S) DO NOT FOLLOW THESE RULES AND EXPECTATIONS, WHAT WOULD 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 APPLICATION AS A HOUSEPARENT.

SIGNED THIS DAY ____ OF _____ 20, __

SIGNATURE OF APPLICANT:

SIGNATURE OF SPOUSE: _____