Sapotaweyak Education Authority
General Delivery
Pelican Rapids, MB R0L 1L0
Phone # (204) 587-2115 Fax # (204) 587-2123 Email: education@ndkms.com

PRIVATE HOME PLACEMENT APPLICATION

FOR HIGH SCHOOL EDUCATION ASSISTANCE

20_____/20_____

I. PERSONAL INFORMATION

Full Name: _____

Temporary Address: _____

Telephone Number: _____

Date of Birth:_____/_____/ _____ Social Insurance Number: _____
MTH DAY YEAR

Band Name: _____

Treaty #: _____ (10 digits)

Family Doctor & Address: _____

Telephone Number: _____

Medical & Six Digits:_____Nine Digits: _____

NAME OF PARENT(S)/GUARDIAN(S): _____

HOME ADDRESS & POSTAL CODE: _____

TELEPHONE NUMBER(S) HOME: _____

WORK: _____

List IMMEDIATE Family Members ONLY: _____

_____

II. FINANCIAL ASSISTANCE

I HEREBY MAKE AN APPLICATION TO ATTEND:

HIGH SCHOOL: (1)_____(2) _____

ADDRESS OF SCHOOL : _____

Grade/Senior Level: Sr. 1 Sr. 2 Sr. 3 Sr. 4 Mature Student Adult Ed.

Start date:_____End date: _____

*****VERY IMPORTANT – INCLUDE MOST RECENT TRANSCRIPTS, TIME TABLE, ACCEPTANCE LETTER.**

III. EDUCATION BACKGROUND

Name of last HIGH SCHOOL attended: _____

Last Grade/Senior Level Completed: _____
Grade/Senior Level Month Year

IV. APPLICANT'S BIOGRAPHY:

PLEASE PROVIDE A BRIEF DESCRIPTION OF SCHOOL EXPERIENCES, A DESCRIPTION OF YOUR PRESENT SITUATION, HOPES, AND GOALS FOR YOUR FUTUR, YOUR OWN ASSESSMENT OF YOUR STRENTHS AND/OR WEAKNESSES, YOUR UNDERSTANDING OF STUDENT RESPONSIBIILITES.

_____

_____

_____

_____

_____

_____

V. HOME PLACEMENT

I am applying for the HOME PLACEMENT PROGRAM B2 PROGRAM (**Include letter of request**)

I would like to live with: NAME: _____

ADDRESS: _____

TELEPHONE NUMBER(S) HOME: _____

WORK: _____

RELATIVE AND/OR FRIENDS LIVING IN THE HOME:

1. NAME: _____
2. NAME: _____

IS THE HOME PLACEMENT YOU INTEND TO RESIDE IS CONSIDERED SUBSIZED HOUSING AND/OR RECEIVING PROVINCIAL ASSISTANCE.

YES NO CONTACT PERSON AND/OR WORKER & TELEPHONE NUMBER:

_____

VI. HEALTH AND PARENTAL CONSENT:

Does your son/daughter/grandchild have any physical or medical conditions which may prevent full participation in school activities?

YES NO IF YES, PLEASE EXPLAIN AND PROVIDE A DOCTOR'S NOTE:

_____

I HEREBY AUTHORIZE THE EDUCATION AUTHORITY AND EDUCATION COUNSELOR TO ACT ON MY BEHALF AS FOLLOWS:

A) To arrange education assistance as needed.
B) To grant permission for medical, surgical, dental and emergency treatment which will be determined by the medical authority.
C) To grant permission for counselling for emotional and/or social problems.
D) To grant permission for travel as requested to participate in supervised school related and/or extra-curricular activities.

****AS PARENT(S)/GUARDIAN(S), WE AGREE TO THE ABOVE CONDITIONS AND ARE PREPARED TO CONTRIBUTE MONIES OVER AND ABOVE FINANCIAL SPONSPORSHIP FUNDING.**

DATE: _____ SIGNATURE: _____

Parent(s)/Guardian(s)

VII. RECREATIONAL/EXTRA-CURRICULAR ACTIVITIES:

What do you do in your spare time?

_____

_____

What school activities would you take part in during the school year or would be interested in?

_____

_____

What hobbies do you have?

_____

_____

What groups, clubs, or teams have you joined or are you currently involved with?

_____

_____

What awards or honors have you received?

_____

_____

What courses or lessons have you taken outside of school?

_____

_____

What problems or difficulties do you feel you will encounter while attending school?

_____

_____

VIII. SCHOOL

NOTE: The following questions are necessary for the Education Counselor to make Arrangements if the applicant requires Probationary Services.

Have you ever had to appear before the courts? YES NO

DO you have a pending court date? YES NO

If yes, give the date, time & place: _____

A) Are you presently on supervised or unsupervised probation: YES NO

Name of Probation Office and Telephone Number:

_____

B) Do you have court conditions while attending school? YES NO
If yes, attach a copy of court document.

_____

C) Are you required to pay restitution or referred to a Fine Option Program?

YES NO If yes attach a copy of court document.

_____

IX. BANKING INFORMATION

Name of Bank Institution: _____

Transit: _____

Account Number: _____

Type of Account: _____

Email address: _____

X. CONDITIONS OF STUDENT SPONSORSHIP:

To the best of my knowledge, I have completed the application and included the required documents. I agree to the following conditions for sponsorship with Sapotaweyak Education Authority.

1. To remain in the same educational institute for the duration of the academic year.
2. To follow the procedures and services as required by the Private Home Placement Program.
3. To follow the school rules and regulations as required by the education institution.
4. To follow the attendance policy and to utilize the support services of the school.
5. To provide marks, timetable and monthly progress reports upon the request of the Education Counselor.
6. To consult with the Education Counselor if any problems and/or difficulties arise academically, emotionally, physically, or financially.

Date:_____ Signature of Student: _____

Witness: _____

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Contract #: _____

PRIVATE HOME PLACEMENT
STUDENT CONTRACT

Date: _____

Student Name: _____

As a condition to receive financial sponsorship and allowed to return to school, I agree to the following conditions:

1. I will attend each class regularly and on time.
2. I will come prepared for each class with books & materials required for each class.
3. I will complete each assignment for each class including homework as assigned by the teacher.
4. While in class I will work on assignment(s) as per instructions, pay attention to the teacher and participate positively in each class discussions.
5. I will ask and discuss any issues with assignments or homework with the teacher in a respectful and timely manner.
6. I will provide a parent/guardian's note or doctor's card for excused and unexcused absences.
7. I will follow the houseparent(s) and house rules as set (if applicable).
8. I will be withdrawn from school (if I default with this contract) then I will be transferred back to NDKMS for the remainder of the School Year.
9. For future prior school request, a meeting will take place to discuss the following:
    a. Academic plan from previous year
    b. Credits review

Student signature: _____

Board rep: _____

SVSD rep: _____

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Access to Sponsored Student Information

(Students 18 years or older) Consent to Disclose Personal Information To Agencies

Student:_____ Date: _____

I give_____permission to release school related
Name of School

Information such as academic progress, attendance records, academic transcripts, and conduct

Reports on monthly/bi-weekly/weekly basis as requested to:

Parent(s)/Guardian(s): _____

Sapotaweyak Education Authority: _____

SCN Social Development Program & Health Authority:

_____

& Other agencies such as the RCMP, Probation Services, Public Health, etc.:

_____

I **do not** give_____permission to release school related
Name of School

Information such as academic progress, attendance records, and conduct reports on a monthly/bi-weekly/weekly basis as requested to parent(s)/guardian(s) & other agencies such as:

_____

Dated this_____day of_____, 20_____.

Student Signature: _____

Witness (18 years or older): _____