



# Blueberry River First Nations School

## Boarding Allowance Application

The Boarding Allowance Program provides our youth who live on the reserve to obtain an education in Fort St John, BC. In order to be eligible you must have Indian Status, normally reside on the Blueberry River First Nations reserve, and be entering into grades 8 to 12. If a student is eligible it is expected they will have a minimum of 75% attendance record, make an effort with their studies, submit both attendance record and report card.

### STUDENT DEMOGRAPHICS

Legal Last Name \_\_\_\_\_ Primary Contact Work \_\_\_\_\_

Legal First Name \_\_\_\_\_ Primary Contact Cell \_\_\_\_\_

Legal Middle Name \_\_\_\_\_ Student Email Address \_\_\_\_\_

Home Street Address \_\_\_\_\_

RR number/PO BOX \_\_\_\_\_

City \_\_\_\_\_ PROV \_\_\_\_\_ PC \_\_\_\_\_

Gender MALE  FEMALE

Boarding address

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Proof of Age \_\_\_\_\_

RR number/PO BOX \_\_\_\_\_

Home phone number \_\_\_\_\_

City \_\_\_\_\_ PROV \_\_\_\_\_ PC \_\_\_\_\_

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Previous School \_\_\_\_\_ Grade \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_

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### PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home no \_\_\_\_\_ Cell no \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home no \_\_\_\_\_ Cell no \_\_\_\_\_ Email \_\_\_\_\_

**BOARDING HOME INFORMATION**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home no \_\_\_\_\_ Cell no \_\_\_\_\_ Email \_\_\_\_\_

**STUDENT FIRST NATION INFORMATION**

Status number \_\_\_\_\_

Band \_\_\_\_\_

**I recognize the boarding allowance program is available so I can obtain an education; therefore, I will attend no less than 75% of my classes and make an effort to do my school work. If I do not follow-through with the attendance requirement and an effort to complete my studies, I understand I may not be eligible for the boarding allowance program.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**I recognize as a boarding caregiver I am responsible to support the student with their education. This may include attending regular meetings, following up and checking in with the school as required. I am required to submit a monthly receipt to acknowledge I have received payment for the student.**

Boarding Caregiver Signature \_\_\_\_\_

Date \_\_\_\_\_

**I will submit my child's monthly attendance records and report card. I hereby declare that the information provided on this document is true, correct and complete to the best of my knowledge.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*Please attach one piece of identification with your application.**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**