



Application for Home Boarding Program: _____ School Year

Student Information	
Student Name: _____	Birthdate (yyyy/mm/dd): _____
Grade: _____	
Home Address: _____ _____	Of Treaty Status? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Living on Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Living on Crown Land? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Treaty Number: _____
Date of most recent medical checkup (yyyy/mm/dd): _____	
Doctor: _____	
Alberta Healthcare No.: _____	
Medical Concerns: _____ _____	
Name of Parent/Guardian: _____	
Phone: _____	
Address: _____ _____	



Parent Rationale

Briefly explain why boarding is necessary:

Name of School to be Attended: _____

Phone: _____

Address: _____

Subject/Programs to be Taken: _____

Division Approval – Office Use Only

Approved by: _____ Date: _____

Processed on: _____

Please send completed application to: Mikisew Student Services
PO Box 90
Fort Chipewyan, AB T0P 1B0



Proposed Boarding Home

Name of Boarding Home Parent(s): _____

Relationship to Student: _____

Mailing Address: _____

Home Phone: _____

On behalf of the above-named student, I hereby make application to Mikisew Student Services for payment of Divisional Boarding Allowance at the rate set by Mikisew Student Services, as well as payment of other authorized school fees.

I hereby give permission to Mikisew Student Services to have access to information from receiving schools outside its jurisdiction with regard to my child's program, progress and attendance.

I hereby give permission to the Boarding Home Parent to act in "loco parentis" including assessing immediate emergency medical care and treatment when necessary.

Signature of Parent/Guardian

Date



Boarding Home Parent Declaration

I, _____ hereby fully understand that should my Boarding Home Student, _____, leave my residence, I will notify Mikisew Student Services at 780.697.3747 and any monies owing will be reimbursed immediately.

Signature of Parent/Guardian

Date

Signature of Witness

Date

*Please note this does not include any scheduled school breaks.



Boarding Allowance Claim Form

BOARDING ALLOWANCE CLAIM FOR THE MONTH OF _____, 20 _____

Student Name:	Age:	Grade:	Number of Days Claimed:

I hereby certify that the above-named student boarded at my home from the _____ day of _____ to the _____ day of _____, inclusive.

Signature of Home Boarding Parent/Guardian

Date

Signature of Student

Date

School Attending: _____

School Mailing Address: _____

*Email completed form on the 15th of each month to: students@mikisewcree.ca

*Attach copy of completed direct deposit form

mikisewcree.ca

PO Box 90 | Fort Chipewyan, AB | T0P 1B0

T: 780.697.3747 | C: 780.215.1175 | F: 780.697.3385 | E: students@mikisewcree.ca