



Application for Tutoring Services Funding

Education Program, 1900 Quail Lane, Westbank, B.C. V4T 2H3
 Phone: 250-768-0227 Fax: 250-768-0528

*To be completed for students requesting Tutoring Services
 in accordance with Policy 2015-19 Tutoring Services Funding*

Protected when submitted

STUDENT AND SCHOOL INFORMATION

Name of Student		
Date of Birth	Grade	Status Number
Name of Parent/Guardian		
Mailing Address		Province/State and Postal/ZIP Code
City		Email
School where the student is enrolled		School Year

TUTORING INFORMATION

Westbank First Nation pays a maximum of \$40 per hour for tutoring, to a maximum of 2 hours, in Canadian funds only.

Type of support or assessment your child has received (*Please check all that apply*):

<input type="checkbox"/> Independent education plan <input type="checkbox"/> Independent behaviour plan <input type="checkbox"/> Certified education assistant <input type="checkbox"/> Psych-ed assessment	<input type="checkbox"/> Learning assistant <input type="checkbox"/> After school homework club <input type="checkbox"/> Other (<i>Please specify</i>):
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Name of Tutor/Tutoring Service		
Mailing Address		Province/State and Postal/ZIP Code
City	Country	Email

Duration of Tutoring Support (*please check all that apply*):

Full school year
 Fall semester
 Winter semester
 Final exam preparation

PARENT/GUARDIAN CONSENT

By signing below, I agree that my child will attend, and not be late for, the scheduled tutoring sessions that are agreed upon with the tutoring agency. I understand that it is my responsibility to advise the tutoring agency of any schedule changes. I also recognize that if I do not fulfil the requirements set out by Westbank First Nation, financial support for tutoring will be suspended.

Signature of Parent/Guardian	Date
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The personal information on this form is collected under section 15 of the Westbank First Nation Freedom of Information and Protection of Privacy Law 2018. The information will be used to evaluate and process Education Allowance applications. If you have any questions about the collection or use of this information, please contact the Privacy Officer at 250-769-4999.

Office Use Only	
Date Received by Education & Social Development:	
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Wait listed <i>(If not approved or wait listed, please explain below.)</i>	
Name of Education & Social Development Representative	Position
Signature of Education & Social Development Representative	Date
Tutoring Agency Office	
<input type="checkbox"/> Missed three (3) consecutive sessions <input type="checkbox"/> Structure of Intellect Support (SOI) request <input type="checkbox"/> SOI testing request	<input type="checkbox"/> Career Analysis <input type="checkbox"/> Other <i>(Please specify):</i>
Recommendations	
Name of Tutoring Agency Representative <i>(please print)</i>	Position
Signature of Tutoring Agency Representative	Date

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