



## 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

Status Number

Grade

School where the student is enrolled

School Year

Name of Parent/Guardian

Mailing Address *(including city, province/state, and postal/ZIP code)*

Phone #

Email

### TUTORING INFORMATION

***Westbank First Nation pays a maximum of \$50 per hour, to a maximum of 2 hours, in Canadian funds only.***

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

- Independent education plan
- Independent behaviour plan
- Certified education assistant
- Psych-ed assessment

- Learning assistant
- After school homework club
- Other *(Please specify):*

Name of Tutor/Tutoring Service

Mailing Address *(including country, city, province/state, and postal/ZIP code)*

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

**Office Use Only**

Date Received by Education & Social Development:

Approved    Not approved    Wait listed *(If not approved or wait listed, please explain below.)*

Name of Education & Social Development Representative

Position

Signature of Education & Social Development Representative

Date

**Tutoring Agency Office**

- Missed three (3) consecutive sessions
- Structure of Intellect Support (SOI) request
- SOI testing request

- Career Analysis
- Other *(Please specify):*

Recommendations

Name of Tutoring Agency Representative *(please print)*

Position

Signature of Tutoring Agency Representative

Date