



Vancouver Island North School District No. 85

PO Box 90, Port Hardy, BC, V0N 2P0
Tel: (250) 949-6618 • Fax: (250) 949-8792

BOARDING ALLOWANCE CLAIM FORM

DATE _____

_____, was in school a total of _____ days in _____.
(student) (number) (month)

Signature of Residence Owner

Phone Number

Signature of Parent/Guardian

Phone Number

OFFICE USE ONLY

Monthly amount \$500.00

Reduction _____ x \$20.00 = \$_____
(days absent)

7 73 31200 total \$_____

Attendance must be confirmed by a school attendance report for the student and period specified.

A/P CLERK

SECRETARY-TEASURER