

Application Deadline: April 30

BERENS RIVER FIRST NATION STUDENT SERVICES 285 Balmoral Street Winnipeg, Manitoba R3C 1X7 Phone: (204) 982-0690 Fax: (204) 982-0698

HIGH SCHOOL | HOME PLACEMENT SPONSORSHIP APPLICATION

PERSONAL IDENTIFICATION	
Last Name: First Name:	2 10 10
Date of Birth:/ Treaty No.: Social Insurance No.:	
Family Medical No.: P.H.I.N.	
Parents/Guardians: Phone Number:	
Mailing Address:	
PERSONAL INFORMATION	
Does the Applicant: Have any Allergies or Medical Difficulties? No Yes (If Yes, Please Explain in De	etail)
Require medications or medical monitoring by a physician? No O Yes O (If yes, Explain)	ain)
Have any Physical, Social or Mental Barriers/Disabilities? No Yes (If yes, please explain	1)
EDUCATION BACKGROUND	
Name of InstitutionLocation:	
Last Grade Completed: Year:	
PRINCIPAL'S CONSENT	
Grade Completed (Number of Credits Earned in Senior 1) (PRINCIPAL'S SIGNATURE)	
ASSISTANCE REQUIRED	
I hereby make application:	
(A) To Attend School in	
(B) To Enroll in Grade from to	
(C) I require Home Placement No Yes	
(D) To Reside with at	
Or to live in	
(NAME OF RESIDENCE) (E) If I am a previous Sponsored Student and have Voluntarily Withdrawn from my studies, I have inclu Letter stating my Goals and Personal Changes I have made to my school lifestyle to succeed. (Required	
I understand that my selection for placement, once made is binding upon me, and cannot be changed with good reason or consultation with parents, guardians, and PHP Education Counsellor.	out
Date:(SIGNATURE OF APPLICANT)	

AUTHORIZATION	OF PARENT/GUARDIAN (if student is 17 year	rs of age or younger)		
I hereby authorize the B	I hereby authorize the Berens River Student Services to act on my behalf as stated hereunder:			
 A) To arrange educational assistance for my child/ward as noted in Part B above. B) To Grant permission for medical, optical or dental treatment that my child/ward may require, also for emergency surgical treatment, but only in event that I cannot be contacted. C) To Grant permission for my child/ward to travel, as required, to participate in the program noted above and supervised activities organized for students, individual unsupervised travel must be authorized by parents/guardians in writing before will be permitted. D) To ensure that all houseparents/guardians are subject to provide a criminal check/criminal abuse registry. understand that: A) Berens River Student Services, by policy, is only responsible for travel in September, Christmas Break, and in June: That a other trips are my responsibility unless otherwise arranged by Berens River Student Services. B) All funding provided to my child during his/her sponsorship covers food, shelter, transportation, and school related supplies. All other major purchases including clothing are my continued responsibility. 				
This Authorization is to r Or until it has been cand	emain in effect from celled in writing by either party or the student is	totodischarge/withdraws from the program.		
DATE	SIGNATURE OF PARENT/GUARDIAN	RELATIONSHIP TO CHILD		
I hereby certify that the a	ubove authorization is understood by the parent/s	guardian and that I witnessed the signature		
Thereby certally trial trie to	nove danovization is understood by the parenty	gardian and trace, with esset the signature		
DATE	SIGNATURE OF WITNESS	POSITION OF WITNESS		
HOME/SCHOOL CO	OORDINATOR'S COMMENTS & RECO	DMMENDATIONS		
	(DATE)	(SIGNATURE)		
(D) To provide my ma (E) To refrain from the (F) To abide by all rule	ards required by the school for continuation irks and reports to Berens River Student Ser- e use of alcohol and/or drugs during the terr es as set by my Houseparents/Home Placen rules and regulations, as may from time to ti	vices upon my Counsellor's request. m of sponsorship.		
DATE	SIGNATURE OF APPLICANT	_		
DATE	SIGNATURE OF PARENT/GUARDIAN	RELATIONSHIP TO CHILD		
REQUEST FOR C	ONSENT FOR THE RELEASE OF	Police Information		
All applicants complete this section and sign, if an applicant is under 18 years of age - a parent/guardian must sign: STATEMENT OF CONSENT: I consent to a search of all records available at the time the search is conducted, including charges before the courts, finding of guilt or convictions and court orders registered in my name in the National Repository and locatecords available to police service.				
Dated this da	y of (month), (year) Sig	gnature:		
mation from available re		PARTY: I consent to the release of any and all infor- student Services. All information will remain confiden-		
Dated this da	y of (month), (year) Sig	gnature:		
Please note that all fields are required to be completed, incomplete applications will not be processed. If you have any questions or require assistance in completing this application please contact us at: Berens River Student Services: 285 Balmoral Street. Winnipeg, MB R3C 1X7 Toll Free: 1-888-982-0690 Email: php@berensriver.ca Fax: (204) 982-0698				

SIGNATURE OF AUTHORIZING OFFICER

POSITION

DATE

Berens River Student Services

Student Responsibilities:

Students are expected to observe and abide by the following rules:

- 1. Students must be respectful and are expected to follow the rules, expectations and regulations of their home placements, house parents and supervisors.
- 2. Students are not to use chemical/drugs/alcohol in home or school. If students are suspected using the mentioned; they will be subjected to a search with the written permission from the parent.
- 3. Students are expected to attend classes every day and to be on time! The Education Counselor and school must be notified when a student is absent due to an illness or an appropriate excuse.
- 4. Students are expected to register for a full course load per semester as required by the school they are registered in (timetables must include Compulsory Courses required to graduate).
- 5. Students **must submit** a monthly progress/attendance report each month **before receiving** their student allowance (bringing a paper copy would be a faster option as there are many other students attending the school you attend).
- 6. All school property, such as textbooks, must be returned to the school when requested.
- 7. Students must inform the Education Counselor immediately of all changes being made; this would include: transferring, withdrawing, or terminating their course of study. Courses cannot be dropped without first getting tutorial assistance and without the authorization of the Education Counselor. It is recommended that students seek for advice first before making this decision. Remember that we are responsible for your sponsorship.
- 8. Students are responsible for being prepared and to purchase school supplies before going to their first day of classes to prevent confusion. *An extra \$50.00 for school supplies is provided with your September and February Allowance.*
- 9. Students are encouraged to participate in school team sports and extracurricular activities within the school and the community.
- 10. Students are advised to register at one institution and stay there until graduation instead of transferring regularly. This can cause confusion and problems with your official Transcript.
- 11. Students should begin thinking about their Goals and Careers in "Senior 1" (Grade 9) and start to work towards that goal and career path while taking courses in school that would later put you on track for College and/or University.
- 12. Students must realize that they are now living away from home for an important purpose and they need to represent their community with honor and respect.
- 13. Students will not be allowed to transfer halfway through the term as it may cause difficulty with the student's classes and credits at a new school.
- 14. Students are to stay at the selected house placement throughout the whole school year.

Termination of Sponsorship:

Students will be terminated from the Program upon recommendation of the school for absenteeism, evidence of failing grades, gross misconduct in the school or home placement or physical abuse of people or property.

If a student considers their termination to be unfair, an appeal may be made to the Berens River Education Committee, and a copy of the appeal must be sent to the Education Counsellor.

The School Board, that you are applying for, will make their decision after reviewing all evidence.

	BY SIGNING, THE STUDENT UNDERSTANDS AND AGREES TO THE FOLLOWING:			
DATE:	STUDENT NAME (PRINT):			
	STUDENT SIGNATURE:			



AUTHORIZATION TO RELEASE INFORMATION FORM

l,	, authorize,
Student Name (PLEASE PRINT)	School (PLEASE PRINT)
to release information regard	ing my attendance, transcript(s), progress reports and academic record(s)
(for courses which I have been	n sponsored for in the past and/or courses for which I am currently registered) t
	Berens River Student Services 285 Balmoral Street Winnipeg, Manitoba R3C 1X7 Fax: (204) 982-0698
I declare that I have read and	understood the information on this form.
Date	Student Signature
	Student ID Number