

HOME PLACEMENT APPLICATION FORM

BERENS RIVER STUDENT SERVICES

Applicants Family Name:	Given Name:		
Mailing Address:	Phone Number		
Number of Dependents:	Age M F		
	Age $M \square F \square$		
	Age M F		
Number of other people living in my home:	Age M F		
Type of Residence:	(i.e. house, apartment, duplex, etc.)		
Number of Bedrooms:			
Name of nearest High School:			
Address:			
	DEDENCIES		
RE	FERENCES		
Name:	Name:		
Address:	Address:		
Phone:	Phone:		
I wish to Board sponsored stude	nts from the Berens River First Nation.		
	stand and be willing to undergo a criminal record eck. (Attach all related consent forms)		

204-1700 Ellice Avenue, Winnipeg MB R3H 0B1 Tel: (204) 982-0690 Fax: (204) 982-0698

HOUSEPARENT RESPONSIBILITIES

Students will be placed in homes that fulfill the following requirements:

- 1. The house parent must have a sincere interest in teenage children and their education, and an understanding and appreciation of athnic cultural and religious differences.
- 2. The house parent must provide adequate and comfortable sleeping arrangements (one or two students' to a bedroom with single beds).
- 3. The house parent must provide well-balanced and nutritious meals required for the maintenance of good health, with consideration to the provision of health snacks.
- 4. The house parent must provide a quiet place for the student to study.
- 5. The house parent must contact the student's Counselor if any serious problems arise.
- 6. The house parent must encourage the student to attend classes regularly and complete assignments punctually.
- 7. The house parent must fill out the Monthly Home Placement Report.
- 8. The house parent, in consultation with the Education Counsellor, should be prepared to provide, within reason, transportation to and from school related activities.
- 9. The house parent is expected to assist the student in obtaining transportation to and from any medical appointments.
- 10. The house parent is expected to attend any Parent/Teacher Conferences on behalf of the student and relaying these reports to the Education Counsellor.

Applicant's Signature		Date	
Counsellor's Comments:			
Date:	Councellor	s Signature	