

STUDENT EMERGENCY FUND

Request Form

Virtual School Student Support

Attention: Maribeth deSnoo & Sherry Rivers

E-mail: mdesnoo@hpedsb.on.ca & srivers@hpedsb.on.ca

2020-21



Virtual and Home School if applicable:	Principal(s):
Superintendent:	Office Contact:
Have you been in contact with student(s) home school to avoid a duplication of support?	
Who will purchase items needed for the request?	Where will the family pick up the items?
This is an urgent situation : <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Food <input type="checkbox"/> Medical needs <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Clothing <input type="checkbox"/> Transportation <input type="checkbox"/> Other	
Inclusive Opportunity request for: <input type="checkbox"/> Course related enhancements <input type="checkbox"/> Post-secondary application fees (\$100 maximum) <input type="checkbox"/> Athletic Equipment (Jumpstart) <input type="checkbox"/> Athletic Fitness Activity (Jumpstart)	
Other sources of funds have been exhausted: Yes <input type="checkbox"/> No <input type="checkbox"/> Long term support may be necessary: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*Contact Support Information attached for your/student's use. Please review.</i>	
Nature of Request: (Please do NOT list student's full name. For referencing, use the student's first name or, e.g., "a Grade 9 student")	
Amount Requested: \$	Requested by:
Signature of Principal of the school that initiated the request: (*** Required)	Date:
This form is to be forwarded by e-mail to the attention of Maribeth deSnoo & Sherry Rivers A reply will be sent to you by return e-mail.	
Approved: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>
Executive Director:	
Date:	Request No:

The Student Emergency Fund is proudly sponsored by:

