

# STUDENT EMERGENCY FUND

## Request Form

2021-22



### Virtual School Student Support

Attention: Maribeth deSnoo or Lisa Noel

E-mail: [mdesnoo@hpedsb.on.ca](mailto:mdesnoo@hpedsb.on.ca) or [lnoel@hpedsb.on.ca](mailto:lnoel@hpedsb.on.ca)



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 <b>urgent situation</b> : <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	
<b>Inclusive Opportunity request for:</b> <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>	
<b>Nature of Request:</b> (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 & Lisa Noel 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:

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