

STUDENT EMERGENCY FUND

Request Form

2022-23



Virtual School Student Support

Attention: Maribeth deSnoo or Vicky Struthers

E-mail: mdesnoo@hpedsb.on.ca or vstruthers@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 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 & Vicky Struthers 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:	