



Lakehead
Public
Schools

TERRITORIAL STUDENT PROGRAM

PRIVATE ARRANGED BOARDING HOME

APPLICATION FORMS

Boarding Home Application - Pages 1, 2, 3
Confirmation of Responsibility
Request for Electronic Funds Transfer
Confidentiality Agreement

2017 - 2018

Your Children Our Students The Future





BOARDING HOME APPLICATION

Boarding Student Name _____

INFORMATION

* Required

Boarding Home Guardian 1 Name _____

Address _____

_____ Postal Code _____

Email * _____ Home Telephone # * _____

Occupation _____ Mobile Telephone # * _____

Present Employer _____ Work Telephone # * _____

General Health _____

Languages Spoken _____

Boarding Home Guardian 2 Name _____

Address (If different from above) _____

_____ Postal Code _____

Email* _____ Home Telephone # * _____

Occupation _____ Mobile Telephone # * _____

Present Employer _____ Work Telephone # * _____

General Health _____

Number of Children Living at Home _____

School Attending

Name _____ Age _____

Name Others in Household _____

Pets (some students may have allergies) _____

Family Interests and Activities _____

TERRITORIAL STUDENT PROGRAM



Boarding Student Name _____

HOME

Please select the correct description of your home: Apartment Two-Storey House
 Bungalow Other _____

Number of Fire Exits _____ Smoke Detectors _____ Carbon Monoxide Detectors _____

Is there a Fire Escape Plan? YES NO

Laundry Facilities YES NO

Will you be living in this home this school year? YES NO

Nearest High School(s) _____

ROOM(S) AVAILABLE

BOYS _____ GIRLS _____

Are the Bedrooms in the Basement? YES NO

Is the Bedroom to be Shared? YES NO

Study Space Available YES NO

Family Agreement to take Boarders YES NO

How did you learn about this program? _____

Previous Experience with Boarders YES NO

If YES, please explain _____

SPECIFIC HOUSEHOLD EXPECTATIONS

Comments

Friends Visiting YES NO _____

Smoking YES NO _____

Curfews YES NO _____

Bedroom YES NO _____



Boarding Student Name _____

LAUNDRY

Laundry Routine to Follow _____

MEALS

Breakfast YES NO

Lunch YES NO

Dinner YES NO

Previous Experience with Teens (volunteer work jobs, family) _____

Confidence in Problem Solving with Students YES NO

Approaches in dealing with problem situations (i.e., Curfews, following expectations) _____

Interest in Boarding Home Parent Meetings YES NO

Would you be able to transport student(s) on occasion to recreation activities and/or to bus/plane, etc.?
 YES NO

Interest in monthly meeting with Parent YES NO

Is this building owned by (see TSP Guide for more information):

District of Thunder Bay Social Service Administration Board YES NO

Native People Development Corporation of Thunder Bay YES NO

Beendigen Inc. YES NO

TERRITORIAL STUDENT PROGRAM



CONFIRMATION OF RESPONSIBILITY

Boarding Student Name

BOARDING HOME GUARDIAN

I/we _____ (name of Boarding Home Guardian(s))
solemnly declare that I/we agree to provide room and board for the Territorial Student Program at
_____ (Address of Boarding Home)
during his/her stay at the named address.

As the custodian, I/we have made the necessary arrangements for the care and support of the said student (listed above) in place of said parent in times of emergency, such as when medical attention or intervention is required, but also for day-to-day care and supervision of the Student as appropriate.

I/we the undersigned are in agreement that I/we are responsible for the care and support of the named Student and this responsibility cannot be assigned or transferred to another boarding home guardian at a different address without written consent by the Lakehead District School Board.

I/we acknowledge that I/we have read, understand and agree to abide by the information provided in the Territorial Student Program: Boarding & Lodging School Board Supported Home Information & Application Guide Booklet and the above statements.

Signature of Boarding Home Guardian 1

Date

Signature of Boarding Home Guardian 2

Date

TERRITORIAL STUDENT PROGRAM



ELECTRONIC FUNDS TRANSFER

*Request for Electronic Funds Transfer Payments to TSP Boarding Home
Guardian through Accounts Payable, Lakehead District School Board*

TERRITORIAL STUDENT PROGRAM INFORMATION

Student Name _____

Boarding Home Guardian Name _____

Address _____

Postal Code _____ Contact Telephone _____

Email (Confirmation of Payment) _____

Financial Institution Information

Bank Name _____ Branch Number _____

Transit Number _____ Account Number _____

If possible, please attach a "VOID" cheque.

Sincerely,

Signature of Boarding Home Guardian

Date

Submit completed form to
Territorial Student Program
Lakehead District School Board
2135 Sills Street
Thunder Bay ON P7E 5T2

*This information is being collected under the Municipal Freedom of Information and Privacy Act, R.S.O. 1990 C. M56.
Information will be used in our accounting office for the sole use of payment for the Board Home Guardian. This
information will not be disclosed to any third party.*

TERRITORIAL STUDENT PROGRAM



TO THE BOARDING HOME GUARDIAN

It is the policy of the Territorial Student Program that all boarding home guardians agree to and sign the following confidentiality agreement.

As part of the Territorial Student Program, I understand that I may have access to confidential information about the Territorial Student Program staff and students. By signing this statement, I am indicating my understanding of my responsibilities to maintain confidentiality and agree to the following:

- **I understand that names and any other identifying information about the students is completely confidential.**
- **I agree not to divulge, or otherwise make known to unauthorized persons or to the public any information that could identify the persons in the Territorial Student Program.**
- **I understand that a breach of confidentiality may be grounds for disciplinary action and may include termination of my relationship with the Territorial Student Program.**

Student Name _____

Signature of Boarding Home Guardian 1

Signature of Boarding Home Guardian 2

Date

Date