

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



**Committed to the success of every student**

# Boarding Home Application

## Information

**Boarding Student Name:** \_\_\_\_\_

<b>Boarding Home Guardian 1 Name:</b>	
Address:	Postal Code:
Email:	Home Telephone #:
Occupation:	Mobile Telephone #:
Present Employer:	Work Telephone #:
General Health:	
Languages Spoken:	

<b>Boarding Home Guardian 2 Name:</b>	
Address:	Postal Code:
Email:	Home Telephone #:
Occupation:	Mobile Telephone #:
Present Employer:	Work Telephone #:
General Health:	
Languages Spoken:	

**Number of Children Living at Home:** \_\_\_\_\_

Name:	Age:	School Attending:
Name:	Age:	School Attending:
Name:	Age:	School Attending:

Name Others in Household: \_\_\_\_\_

Pets (some students may have allergies): \_\_\_\_\_

Family Interests and Activities: \_\_\_\_\_

# Boarding Home Application

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 ☐ Other: \_\_\_\_\_

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	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Smoking	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Curfews	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Bedroom	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____

# Boarding Home Application

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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

# Confirmation Of Responsibility

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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

# Electronic Funds Transfer

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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)\_\_\_\_\_

Bank Name\_\_\_\_\_

Branch Number\_\_\_\_\_

Transit Number\_\_\_\_\_

Account Number\_\_\_\_\_

**Please attach a "VOID" cheque.**

Sincerely,

Signature of Boarding Home Guardian\_\_\_\_\_

Date\_\_\_\_\_

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**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.*

# Confidentiality Agreement

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## Boarding Home Guardian

### 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. Guide Booklet and the above statements.

Student Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Boarding Home Guardian 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Boarding Home Guardian 2

\_\_\_\_\_  
Date