



HOMELINKS

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**Student Learning Fund
Pre-Authorization for Curricular Support**

Date: _____ Grade: _____
Student Name: _____ Campus: _____
Parent Name: _____ Phone: _____
Email: _____

(please provide email & phone number so you may be notified when preapproval is ready for you)

Name of Activity: _____
Name of Service Provider: _____
Address of Service Provider: _____
Dates and Times: _____
Cost: _____
Contact Phone: _____

I understand it is my responsibility to hire the third-party provider and to supervise my child while he/she is participating in this activity. **Yes / No (circle one)**

I understand that the Board of Education of School District No. 8 shares no responsibility and accepts no liability for the qualifications, effectiveness or parental hiring of third-party providers. **Yes / No (circle one)**

Parent Signature: _____

Office Use Only:

Meets criteria of Student Learning Plan: _____ Date: _____
Teacher Signature

Principal Approval: _____ Date: _____