

Bursary Monthly Report

(Form 3)

FOR THE MONTH OF: _____

INSTRUCTIONS TO PRINCIPAL

Please complete and return one form (form 3) for **each** student. Students will receive a monthly payment, or partial payment, **only** if a completed form is received at this office, is completed in full and information contained in **item 2** is satisfactory.

Please complete all questions in relation to the student identified below. **COMPLETE ON THE LAST TEACHING DAY OF EACH MONTH** and forward to:

Director, Student Support Services
Department of Education
P. O. Box 8700
St. John's, NL
A1B 4J6

1. **NAME:** _____
(surname) (given name and initial)

NAME OF SCHOOL: _____

SCHOOL BOARD: _____

2. **This student:**
(a) commenced school on: _____ (give exact date)
(b) is making satisfactory progress to date, in his/her studies: _____
(c) has missed _____ school days this month due to **unexcused** absence.

3. If this student has ceased to attend school, please give last date attended: _____

4. (a) is this student boarding? **YES** _____ **NO** _____
(b) if no, please explain: _____
(c) if yes, please give the name and **full** address of the person with whom this student is boarding.

Name: _____

Street: _____

P.O. Box: _____

Community: _____

Postal Code: _____

5. **Comments:** _____

I hereby certify the above information to be true and correct, and recommend the release of his/her bursary monthly allowance.

DATE: _____

PRINCIPAL: _____

