



## School District 10 Arrow Lakes Distributed Learning

604-7<sup>th</sup> Ave  
New Denver, BC V0G 1S0  
(250) 265-3638 fax (250) 358-2533

### ***Pre-Authorization for Curricular Support from Family (Consumable) Funds***

Parents: Please complete this section

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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. 10 shares no responsibility and accepts no liability for the qualifications, effectiveness or parental hiring of third party providers. Yes / No (circle one)**

**Parent's Signature:** \_\_\_\_\_

**Registration Date:**  Prior to Sept 30  Prior to Feb 15  Prior to May 31

Office Use Only:

Meets criteria of Student Learning Plan \_\_\_\_\_

Teacher's Signature