

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 the Department of Education and Early Childhood Development, the form is completed in full, and information contained in it 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 and Early Childhood Development, P. O. Box 8700, St. John's, NL, A1B 4J6

1. **NAME:** _____

(surname)

(given name and initial)

NAME OF SCHOOL: _____

REGION: _____

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:** _____