

School District 82 (Coast Mountains)

Student & Family Affordability Fund

School N	lame:	
Student Name:		
Request	ed By:	
Request Date:		
Original Activity/Fee Amount \$:		
Required Assistance Amount \$:		
EmaRetuCall sassis	it this form, you can: il / Scan form to your schoo rn this form in-person to yo	
Submitted To:		
	SCHOOL USE ONLY	
	Principal's Name:	
	Principal's Signature:	
	Date:	