

## Seventh-day Adventist Church (British Columbia Conference)

Box 1000, Abbotsford, BC V2S 4P5

Phone: (604) 853-5451 Fax: (604) 853-8681

## **Treasury**

## **CLASSIFIED STAFF - Tuition Assistance Form**

Student's Name				Ψ
	School Student is Attending	Grade	Student's Date of Birth	Total Annual Tuition + Fees
				\$
Student's Name	School Student is Attending	Grade	Student's Date of Birth	Total Annual Tuition + Fees
				_ \$
Student's Name	School Student is Attending	Grade	Student's Date of Birth	Total Annual Tuition + Fees
				_ \$
Student's Name	School Student is Attending	Grade	Student's Date of Birth	Total Annual Tuition + Fees
I have attached	a copy of the School Board's action	n regardin	ng the Tuition Assistance o	of the said Classified staff.
I have attached a	.,	n regardin	ng the Tuition Assistance of Date:	of the said Classified staff.
Signature – School Boar  Each school is to inforterm, and the appropria	.,	tment of t	Date: The tuition and required features for this benefit.	