



Box 78, Derwent, AB T0B 1C0

Home Education (WISDOM home school program)

FUNDING CARRY-OVER FORM

from the 2017/2018 School Year
to the 2018/2019 School Year

Parents' Names:

List Students (last name, first name, age):

(1) _____

(6) _____

(2) _____

(7) _____

(3) _____

(8) _____

(4) _____

(9) _____

(5) _____

(10) _____

Address: _____

City: _____

Postal Code: _____

Email address: _____

Primary Phone Number: _____

To carry over un-claimed funding, choose one:

Please carry all un-claimed funding over to the 2018-2019 school year.

Please carry ____% of un-claimed funding over to the 2018-2019 school year.

Funds not carried over will be used to support WISDOM programs, events and services.

Signature: _____

Name: _____

Date: _____

Email this form to: finance@trinitychristian.ca on or before June 30, or mail to the address above, postmarked on or before June 29, 2018

Please Note: This form is the only acceptable format for requesting carry-over. We will **always** notify you that it has been received.

If you send us this form and do not receive a reply confirming that it has been received, it means we did not receive it.