



## EMERGENCY RESPONSE FUND REQUEST FORM

SCHOOL: \_\_\_\_\_

NATURE OF REQUEST:

AMOUNT REQUESTED: \$ \_\_\_\_\_

\_\_\_\_\_  
PRINCIPAL'S SIGNATURE

\_\_\_\_\_  
DATE

*Form to be forwarded by fax (613-354-0351) to the Director's Office. A reply will be sent to you by return fax.*

-----  
Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_

\_\_\_\_\_  
EXECUTIVE DIRECTOR/SECRETARY

\_\_\_\_\_  
DATE

FOR OFFICE USE:

Request # \_\_\_\_\_