

**FORM # 9P -EDUCATION ALLOWANCE –ROMAN CATHOLIC EDUCATION KINDERGARTEN TO GRADE 12 AT THE POST**

SN	RANK	NAME
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	National Défence Défense nationale	<b>GENERAL ALLOWANCE CLAIM</b>	VOUCHER NO –
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**NOTE:** THE USE OF THIS FORM IS RESTRICTED TO ONE KIND OF ALLOWANCE PER SHEET AND IS NOT TO BE USED FOR ALLOWANCES FOR WHICH FORMS HAVE ALREADY BEEN PROVIDED

BATCH NO –

**FORM # 9P -EDUCATION ALLOWANCE –ROMAN CATHOLIC EDUCATION KINDERGARTEN TO GRADE 12 AT THE POST**  
EFFECTIVE 01 AUGUST 2010

**RESEARCH WEB SITE:** [www.catholiclinks.org](http://www.catholiclinks.org)

UIC/UNIT: SY 1 SEPTEMBER: TO 31 AUGUST:  
 EMAIL: COS DATE: TED DATE:  
 STUDENT NAME: DATE OF BIRTH (dd/mm/yyyy):

REFERENCES: [FSD 34.02\(b\)](#), [How To Book – Part 3](#)

**Name/address/telephone number of School attending:** **SCHOOL GRADE**

**Benefit**

- Roman Catholic education as provided for by the Ministry of Education in the Province of Ontario in English or French.
- Education Allowance on behalf of a kindergarten/elementary/secondary student who has attained the age of three years eight months, but not over twenty-one years of age as of 1 September of the School Year. This allowance is only applicable if a non-fee paying Roman Catholic school is not available at the Post.

**Entitlement**

- Admissible items as shown on the DEM Web: [www.cmp-cpm.forces.gc.ca/dem-epcg](http://www.cmp-cpm.forces.gc.ca/dem-epcg), click on Part I, see Section 4. If this is first year attendance at this Roman Catholic fee-paying school, include a copy of school prospectus. Copy of fee schedule from the school will be required each year with submission for an Education Allowance

**Certification by the member**

- I certify that the student for which this claim is being made, if a resident of Ontario, under the [Education Act of Ontario](#) would be entitled to a Roman Catholic education. Comparable schooling at a local NON-FEE paying Roman Catholic school is not available. Chosen school is the least costly comparable Roman Catholic school at the Post. I accept this Education Allowance for a Fee-paying school on the condition that I may be required to present proof of attendance in the event of an audit. Such documentation should be kept for a period of 7 years to satisfy audit requirements.  
 I request Education Allowance in the foreign currency amount as indicated on the **enclosed fee schedule or letter from the school attended** for:  
 Province posted from in Canada:  
 Photocopy a Roman Catholic baptismal certificate on behalf of student attached. Or, photocopy of a Roman Catholic baptismal certificate on behalf of one to the student's parents is attached.  
 *Fee taken from enclosed fee schedule*

Tuition: Registration Fee:  
 School provided Transportation: Other:  
 WEB SITE OF SCHOOL:  
 Instructions to complete schooling at the Post Form read and Allowance parameters understood.

**Instructions to Complete Schooling at the Post Forms**

Member's Signature: Date:

**Outside Canada Approving Authority Office use only.**

**Verified by Education Clerk that allowance as requested is within entitlement**  
 Applicable article in the Outside Canada Education of Children "How To" Book

**Outside Canada Support Unit Approving Authority Approval and Certified pursuant to Section 34 of the FAA Block**

Education Allowance for: Tuition: Registration Fee:  
 School provided Transportation: Other:  
 TOTAL EDUCATION ALLOWANCE AUTHORIZED IN LOCAL CURRENCY:  
 Only admissible expenses listed at FSD 34 and Post Ceiling are being approved.

Approving Authority Officer Signature: Date:  
 Approving Authority is to provide the member with an authorized copy of this allowance.  
**Financial Coding: GL: 1211, Cost Centre: 2202ZF, Fund: C103, IO: GRC0000B3204**  
 Civilian Personnel Financial Coding: Contact DGCB/DEM  
 MSGU Financial Coding: CC: 2300AQ Fund: C117 GL 1211 IO:  
**(For FMAS Purposes, the text description line must show: Unit UIC, last three digits of SN and member's last name)**  
 Received amount of Currency Exchange Rate used CHEQUE NO.  
 Claimant's Signature Date: Cashier's Initials: