FORM # 30 –EDUCATION ALLOWANCE – DND DEPENDANTS SCHOOLS OVERSEAS SPECIAL EDUCATION REQUIREMENTS

SN	RANK	NAME

National Defence / Défense nationale

GENERAL ALLOWANCE CLAIM

VOUCHER NO –

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 # 30 –EDUCATION ALLOWANCE - SPECIAL AFNORTH/SHAPE SCHOOL REQUIREMENTS

EFFECTIVE 01 APRIL 2011

UIC/UNIT | COS DATE: | TED DATE:

EMAIL: | SY 1 SEPTEMBER | TO 31 AUGUST

STUDENT NAME | DATE OF BIRTH (dd/mm/yyyy):

REFERENCES: OSAP 200.14.3, "How To Book" Part VI

Name/address/telephone number of School attending:

- ☐ AFNORTH INTERNATIONAL SCHOOL (Canadian Elementary Section)
- ☐ AFNORTH INTERNATIONAL SCHOOL (Canadian Secondary Section)
- ☐ SHAPE INTERNATIONAL SCHOOL (Canadian Elementary Section)

SCHOOL GRADE

Benefit

1. Allowance to assist with costs associated with Special Education Needs where, in exceptional situations, a dependent student has special education needs as a result of a physical disability, special learning needs or gifted learning needs and such needs have been documented by appropriate professionals, will be based on programs normally provided without charge by the Ontario Ministry of Education and the Ministry of Social Services. It is the responsibility of the member to provide documentation in support of the education allowance, such as, but not limited to, an assessment and recommendation of appropriate professionals to NDHQ/DGCB/DEM.

Entitlement

2. Education Allowance for Special Needs services at AFNORTH or SHAPE International School (Canadian Section)

Certification by the member

3. AFNORTH or SHAPE Canadian School authorities have requested special service not provided by the school, such as:

- ☐ Psycho- Educational Report as completed by Clinical Psychologist , Brussels
- ☐ Follow up professional services not provided by the school and recommended Clinical Psychologist
- ☐ Speech Therapy
- ☐ Other, please specify. _____

Above services have been recommended in the Psycho-Educational Report and not provided by applicable Canadian Section:

Signature of Canadian Principal | Date:

☐ Certified that above service has been received.

Instructions to Complete Special Education - Schooling at the Post Form

Member's signature: | Date:

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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

☐ Only admissible expenses are being approved.

Verified and Recommended by Approving Authority: Date:

NDHQ Approval and Certified pursuant to Section 34 of the FAA Block **DEM Case #:**

EDUCATION ALLOWANCE FOR SPECIAL EDUCATION NEEDS $ IN LOCAL CURRENCY IS APPROVED.

DDEM Authorization : **Date:**

Approving Authority is to provide the member with an authorized copy of this allowance.

AFNORTH/SHAPE Use Financial Coding:

For other: **AFNORTH: GL 7233 CC 2286AF Fund C134 CO: DEMFY0964 (FY = Fiscal Year) IO: as per list**

SHAPE: GL 7233 CC 2286AF Fund C134 CO: DEMFY0963 (FY = Fiscal Year) IO: as per list

Financial Coding: GL: 1211, Cost Centre: 2202ZF, Fund: C103 CO: DEM1230 IO: as per list

(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

Claimant's Signature Date Cashier's Initials