

**Useful Information**

This form is intended for students who wish to have the cost of eyeglasses and contact lenses (including eye examination fees) recognized as part of their allowable expenses. The cost of eyeglasses includes the cost of lenses and frames. These expenses cannot exceed the authorized amount per person every two consecutive award years. Students may claim this amount for themselves and for each of their own or their spouse's dependent children. For each amount claimed, the recipient must present the receipt, which must indicate that the eyeglasses or contact lenses were prescribed by an optometrist or a physician. The purchase must have been made during a month where you were covered by the Loans and Bursaries Program.

**Required Documents**

The original receipt or an insurance record stating that part of the cost was not reimbursed and, if the receipt or insurance record does not show the prescription or its reference number, the prescription of the optometrist or physician.

**Section 1 – Student Information**

Last name		
<input type="text"/>		
First name		Permanent code assigned by the Ministère
<input type="text"/>		<input type="text"/>
Name of educational institution		Code of institution
<input type="text"/>		<input type="text"/>

**Mailing Address**

No.	Street	Direction (North, South, East, West)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Apartment	Municipality, city or town	Area code
<input type="text"/>	<input type="text"/>	Telephone no. <input type="text"/>
Province	Country	Postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 2 – Claim

Amount claimed for the student ..... Date of purchase  

	Y	M	D	

Round off to nearest dollar  
 \$ .00

### Amount claimed for the student's dependent children

Child's last name

Child's first name Date of birth  

	Y	M	D	

Date of purchase  

	Y	M	D	

Round off to nearest dollar  
 \$ .00

Child's last name

Child's first name Date of birth  

	Y	M	D	

Date of purchase  

	Y	M	D	

Round off to nearest dollar  
 \$ .00

Child's last name

Child's first name Date of birth  

	Y	M	D	

Date of purchase  

	Y	M	D	

Round off to nearest dollar  
 \$ .00

Child's last name

Child's first name Date of birth  

	Y	M	D	

Date of purchase  

	Y	M	D	

Round off to nearest dollar  
 \$ .00

## Section 3 – Student's Signature

Signature **X** \_\_\_\_\_ Date  

	Y	M	D	