

## 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. The maximum amount that can be claimed is \$188 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.

## 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

First name

Permanent code assigned by the Ministère

Name of educational institution

Code of institution

## Mailing Address

No.

Street

Direction

(North, South, East, West)

Apartment

Municipality, city or town

Area code

Telephone no.

Province

Country

Postal code

\$				.00
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## Child's last name

Child's first name

Date of birth

Date of purchase

Round off to  
nearest dollar

\$			.00
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Child's last name

Child's first name

Date of birth

Date of purchase

Round off to  
nearest dollar

\$			.00
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Child's last name

Child's first name

Date of birth

Date of purchase

Round off to  
nearest dollar

\$			.00
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Child's last name

Child's first name

Date of birth

Date of purchase

Round off to  
nearest dollar

\$			.00
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### Section 3 – Student's Signature

Date

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