



# School District #27 (Cariboo-Chilcotin)

Office of the Transportation Supervisor

765 North Second Avenue

Williams Lake, BC

V2G 4C3

## APPLICATION FOR TRANSPORTATION ASSISTANCE – 2020-2021

1. Transportation Assistance may be granted in accordance with the "Public Schools Act" and Board Policy #3541.1 to those parents who have children that meet the required qualifications. Students within walk limits will not be awarded transportation assistance. The current walk limits are: 4.2 kilometers for Grades K-3, and 4.8 kilometers for Grades 4-12.
2. This form is to be completed by the parent/guardian of the pupils concerned. It will be effective for the current school year only, and if approved, will begin on the month in which it is received. (If we receive your application in March, and it is accepted, you will be paid from March through the balance of the school year, not from the beginning of the school year.)
3. On the reverse side of this form, please **draw a sketch map** showing the route and the distance in kilometers in relation to the school or school bus stop.
4. Upon approval of your application, you will receive a supply of monthly claim forms along with instructions and notification as to the rate of transportation assistance approved.

TRANSPORTATION ASSISTANCE TO BE EFFECTIVE AS OF: .....  
(Month / Day / Year)

I agree to be responsible for the transportation to/from school or the school bus stop for the following pupils:

<u>PUPIL'S NAME</u>	<u>AGE</u>	<u>GRADE</u>	<u>SCHOOL NAME</u>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

☆ Please note that the distance is calculated to the nearest bus stop or your neighbourhood school ONLY if a bus stop is not available.

The above-mentioned pupils are transported to: **School**  (Complete #1. below) **Nearest Bus Stop**  (Complete # 2. below)

1. Distance from residence to **School** is: ..... kilometers (one-way)

2. Distance from residence to **Bus Stop** is: ..... kilometers (one-way)

**(PLEASE PRINT)**

PARENT/GUARDIAN'S NAME: .....

MAILING ADDRESS: .....

CITY/TOWN: ..... POSTAL CODE: .....

PHYSICAL (STREET) ADDRESS: .....

Have you collected assistance in previous years?  Yes  No HOME PHONE: .....

WORK PHONE: .....

EMAIL ADDRESS: .....

SIGNATURE: ..... DATE: .....

**(FOR OFFICE USE ONLY)**

Approved by: ..... Date of Approval: .....

Comments: .....

Vendor Number: ..... Rate per one-way trip: .....