



School District No. 73 (Kamloops/Thompson)

APPLICATION FOR TRANSPORTATION ASSISTANCE 20 _____

Complete 1 application for each school; forward to attending school. Applicants must re-apply annually for transportation assistance. (Please Print)

Attending School: _____

Parent/Guardian: _____ (Surname) _____ (Given Name)

Home Phone #: _____

Mailing Address: _____ (Street) _____ (City) _____ (Postal Code)

Home Address/Location: _____ (if not same as mailing; description of rural)

1. Reason for this application (See Reverse - Regulations 1 to 5) _____

2. Home Distance: To nearest school km (All distances must be shown accurately to 1 decimal using vehicle odometer; miles x 1.6 = km)
To school bus stop km **Both must be completed**

3. Number of 1 way trips per day = _____ (Home to school or bus =1) (Return trip home = 1)

4. Have you completed any additional applications for transportation assistance this year?
 No or Yes - School name: _____

5. Pupil Name(s): _____ Age: _____ Grade: _____

6. Name of person usually driving: _____

I hereby apply for Transportation Assistance as provided under the Public School Act and within the Policy and Regulation Statement of School District No. 73 (Kamloops/Thompson), I have read the reverse of this form and certify that the information (and attachments where applicable) is correct. I understand that statutes require applications and payments can only be made by/to the parent or legal guardian. I will advise the School Board Finance Department of any changes that will affect the above declaration and my claim for assistance.

Date: _____ Parent/Guardian signature: _____

To School Approval:	Date: _____	Principal: _____
To Transportation:	Approved: <input type="checkbox"/> Yes: <input type="checkbox"/> No, Reason: _____	
	Km 1-way _____ x # Trips/Day _____ =Approved km/day _____	
	Special Instructions: _____	
	Date: _____	Authorizing Signature: _____
To Finance:	1st month to commence: _____	
Vendor Code	<input type="text"/>	Unit Rate \$ _____
Pay Date	<input type="text"/>	\$ _____
G/L Code	<input type="checkbox"/> 1-770-33002-00-000 (per km)	\$ _____
	<input type="checkbox"/> 1-770-33003-00-000 (special needs)	
	<input type="checkbox"/> 1-770-33001-00-000 (bus pass)	
	_____ Date	_____ Approved
		_____ Entered

REGULATIONS:

Transportation Assistance may be granted in accordance with the Public School Act to parents/legal guardians, whose situation qualifies as follows:

1. Kindergarten to Grade 3

- Distance to designated school for that attendance area is more than 4.0 km or
- Distance to bus route is more than 3.2 km

2. Grades 4 to 12

- Distance to designated school for that attendance area is more than 4.8 km or
- Distance to bus route is more than 3.2 km

3. Special Needs Student (Specify Type): _____

4. Ill Health/Temporary Handicap

- Reside within walking distance to school or bus route but have ATTACHED A MEDICAL CERTIFICATE stating the length of the ill health or temporary handicap to this application.

5. Special Programs (Specify Program): _____

- As designated from time to time where daily time constraints do not allow for proper connections to bus route/school class.

POLICY:

- Where public transit is available, Transportation Assistance may be based on current fares.
- The approval month based on application receipt and approval at the school is the basis for assistance commencement. There is no retroactivity in any case.
- Payments will commence from the first day of attendance in the approval month and are based on a student's daily attendance, as reported by the school.
- All payments are made on approximately the 15th of the month, following the Transportation Assistance period.
- Calculations are based on the lesser of distance to the closest school or distance to school bus stop.
- Payment rates are solely at the discretion of the District and may be amended/added/deleted at the Board's direction.