

SCHOOL DISTRICT NO. 83 (North Okanagan-Shuswap)
APPLICATION FOR TRANSPORTATION ASSISTANCE
SCHOOL YEAR 2021-2022

To: DIRECTOR OF INSTRUCTION – Inclusive Ed., School District No. 83 (North Okanagan-Shuswap)
Box 129, 341 Shuswap Street SW, Salmon Arm, BC V1E 4N2

NOTE:

Transportation assistance may be granted, in accordance with the Board of Education Policy (Regulation #5040.02), to those parents who fulfil the required qualifications and are prepared to provide their students with transportation in order that they may attend school.

Excerpt: Reg. #5040.02 Transportation Assistance

Where students are eligible for transportation as per the "criteria" (below), and due to special circumstances are not able to ride on a school bus, or a school bus pick up is not available, parents are eligible to apply annually for Transportation Assistance funding. The Director of Instruction – Inclusive Education Services will review and determine eligibility.

Criteria:

To be eligible for consideration of regular bus transportation to and from school, the student must:

1. Be registered as a K-12 student in a School District No. 83 school or program
2. Attend their neighbourhood school (catchment area)
3. Live more than 3.5 km from his/her catchment area school (whether or not they attend that school)

The calculation of distance for determining eligibility for transportation services is based on distances measured from a student's home where a driveway connects to a public road.

1. This application will be effective for the current school year only. **Payment rates are 24¢/KM to a maximum of \$10.00 per family per day (45 kilometres).**
2. Payment will be on the 15th of the month following attendance.
3. Transportation Assistance claims will only be paid retro-active to the first of the month the application is received at the District Education Support Centre.

Student's Name		Attending		One Way KM Distance from	
First Name	SURNAME	School	Grade	School	Bus
1					
2					
3					

Ensure all information is complete and correct. PLEASE INCLUDE a sketch on the back of this form or attach a Google Maps printout showing: home, road, bus stop, and school.

I hereby agree to be responsible for the daily transportation of the above children to and from the school or the school bus.

Home Phone Number: _____

Signature of Parent/Guardian

Date of Application: _____

Mailing Address + Postal Code

Name of Parent/Guardian

Street Address

(PLEASE PRINT CLEARLY)

- to be completed by School District -					
Daily Assistance		Start Date of Grant	Approved by:		
KM	Amount	MM/DD/YY	Director of Instruction	Transportation	