

**APPLICATION FOR TRANSPORTATION ASSISTANCE**  
**School District No. 64 (Gulf Islands)**

**IN ACCORDANCE WITH REGULATIONS QUOTED BELOW**, I wish to apply for transportation assistance on behalf of the following student for the **20\_\_ / 20\_\_** academic year.

**Name of Student:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_

Kilometers from home to nearest bus stop: \_\_\_\_\_ Total kilometers per day: \_\_\_\_\_

I hereby certify that I will be providing transportation for the above child from home to school by motor vehicle for purposes of school attendance. I also certify I have checked with my Insurance Agent to ensure I have appropriate coverage; including a minimum of \$1,000,000 third party liability. I will promptly notify the school district of any changes to the above arrangements.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Postal Code: \_\_\_\_\_

As Principal of the school I certify the above student is registered at this school.

\_\_\_\_\_ Date: \_\_\_\_\_

*Principal's signature*

Kilometers checked by the School Board Office: \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Secretary Treasurer*

Transportation assistance is available for students who reside beyond the walk limits from school or the closest bus stop (whichever is closest). The walk limits are set by the Ministry of Education.

**4.0 km for K – Gr. 3**

**4.8 km for Grades 4 – 12**

Transportation claims must be received within thirty (30) days of claim date to be honoured.

**Claims older than thirty (30) days will be paid at the discretion of the Secretary Treasurer.**

Please return to the School Board Office, 112 Rainbow Road, Salt Spring Island, BC V8K 2K3  
Fax: 250 537 4200

**Incomplete or illegible forms will not be processed.**