



School District #84 – Vancouver Island West

#2 – Highway 28, Gold River, BC, V0P1G0

APPLICATION FOR TRANSPORTATION ASSISTANCE

Attending School: _____

Parent/Guardian: _____
Surname Given Name

Home Phone: _____

Mailing Address: _____
Street City Postal Code

Street Address: _____

1. Reason for application: _____
2. Home distance: _____
3. Number of one way trips per day = _____ Total amount \$ _____/per day
4. Pupil name(s): _____ Age: _____ Grade: _____
_____ Age: _____ Grade: _____
_____ Age: _____ Grade: _____
5. Name of person usually driving : _____

Payment will be made quarterly and is based on attendance of student.

I hereby apply for Transportation Assistance as provided under the Public School Act and within the Policy and Regulation Statement of School District #84 (Vancouver Island West). I understand that statutes require applications and payment can only be made by/to the parent or legal guardian. I will advise the School Board of any changes that will affect the above declaration and my claim for assistance.

Date: _____ Parent/Guardian Signature: _____

School Approval: Date: _____ Principal: _____

To School Board Office: Approved: ☐ yes ☐ no, reason _____

Special Instructions: _____

Date: _____ Authorizing Signature: _____