

**District
Administration Office**
P.O. Box 430
Invermere, BC
Canada
V0A 1K0
Telephone
(250)342-9243
Facsimile
(250)342-6966



Rocky Mountain
SCHOOL DISTRICT NO. 6

Golden Zone Office
P.O. Box 1110
Golden, BC
Canada
V0A 1H0
Telephone
(250)344-5241
Facsimile
(250)344-6052

Kimberley Zone Office
P.O. Box 70
Kimberley, BC
Canada
V1A 2Y5
Telephone
(250)427-2245
Facsimile
(250)427-2044

MEMORANDUM

DATE: July 14, 2017
TO: Parents Applying for Student Transportation Assistance Allowance
FROM: Transportation Department - Kimberley Zone
SUBJECT: TRANSPORTATION ASSISTANCE ALLOWANCE

Transportation Assistance will again be available to the parents of eligible students for the 2017/2018 school year.

Eligibility is based upon the following criteria:

- a) Grades K to 3 pupils living beyond 4 kilometres from the nearest school or bus stop will be eligible for transportation assistance.
- b) Grades 4 to 12 pupils living beyond 4.8 kilometres from the nearest school or bus stop will be eligible for transportation assistance.

If you meet these requirements, please complete the attached application form and return it to the District Board Office. All applications must be approved by the District and you will, subsequently, be notified of your allowance.

Payments for approved applications will begin the month application for assistance is received at the District Board Office.

Attachment



**APPLICATION FOR
TRANSPORTATION ASSISTANCE ALLOWANCE**

NAME OF APPLICANT: _____ TELEPHONE NO: _____

MAILING ADDRESS: _____

TOWN: _____ POSTAL CODE: _____

PHYSICAL ADDRESS OF HOME: _____

School District No. 6 (Rocky Mountain)
Transportation Department – Kimberley Zone
PO Box 430, 620 4th Street
Invermere, BC V0A 1K0

Dear Sir:

I herewith make application for Transportation Assistance Allowance for the following pupil(s):

STUDENT NAME:	AGE:	GRADE:	SCHOOL:

1. Distance travelled (rounded to nearest .1 km) from property to:

a) Nearest age and/or program appropriate school: _____ kilometres (one way)

b) Nearest school bus stop: _____ kilometres (one way)

Both "a" and "b" must be filled in. When computing daily distance include return trip(s).
DO NOT include the distance driven on your own property.

2. Total daily distance travelled: _____ kilometres. (It is understood that the School District will verify the stated kilometers.)

ASSISTANCE PAYMENTS FOR APPROVED APPLICATIONS WILL BEGIN IN THE MONTH APPLICATION IS RECEIVED AT THE DISTRICT BOARD OFFICE

(Signature of Applicant) DATE: _____

For Office Use Only:

Distance Verified by Operations:

Operations Approval: YES NO _____ Date: _____
G/L Acct 770-33200/770 (Signature of Operations Supervisor)

Learning Services Approval: YES NO _____ Date: _____
(when required) (Signature of Assistant Superintendent of Schools)

G/L Acct 770-33300/770

Date Received at District Board Office: _____