

**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**  
P.O. Box 1110  
Golden, BC  
Canada  
V0A 1H0  
Telephone  
(250) 344-8643  
Facsimile  
(250) 342-6966

**Kimberley Zone**  
P.O. Box 70  
Kimberley, BC  
Canada  
V1A 2Y5  
Telephone  
(250) 427-2268  
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**Windermere Zone**  
P.O. Box 430  
Invermere, BC  
Canada  
V0A 1K0  
Telephone  
(250) 342-6814  
Facsimile  
(250) 342-6966

## MEMORANDUM

**DATE:** July 15, 2021

**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 2021/2022 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. The District must first approve all applications and you will subsequently be notified of your allowance.

Payments for approved applications will begin the month in which the 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 4<sup>th</sup> 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.)

**\* PAYMENTS FOR APPROVED APPLICATIONS WILL BEGIN THE MONTH IN WHICH THE 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 DOI Learning Support Services)  
G/L Acct 770-33300/770

Date Received at District Board Office: \_\_\_\_\_