

**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
Facsimile
(250) 342-6966

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 - Golden 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 – Golden 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.)

*** 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: _____