SCHOOL DISTRICT NO. 53 (OKANAGAN SIMILKAMEEN)

TRANSPORTATION ASSISTANCE APPLICATION FORM

(BC TRIPARTITE EDUCATION AGREEMENT)

PARENT INFORMATION

PARENT/GUARDIAN NAME: _____

MAILING ADDRESS:_____

PHYSICAL ADDRESS: _____
(state exactly where located, giving road names, legal land description etc.)

PHONE NUMBER:_____

CHEQUE PAYABLE TO:_____
(If different than above, please give mailing address and phone number)

DISTANCE INFORMATION: (on Public Roads from residence)

Name of School	No. of km (one way)	Extra-Curricular Activities	No. of km (one way)
TOTAL daily distance traveled on public roads (Maximum 2 trips per day)			Kms

STUDENT INFORMATION

Name of Student Being Transported	Age	Grade	Name of School

AUTHORITY

Date transportation started **(Note: applications must be submitted within 30 calendar days**	**DATE:**
I hereby agree to be responsible for (a) the daily transportation of the student(s) to and from school or school bus; and (b) transportation of student(s) for extra-curricular activities. **I will immediately advise the Principal if transportation assistance is no longer required.**	
DATED:	Signature of Parent/Guardian
DATED:	Signature of Principal

BOARD OFFICE USE ONLY

Approved transportation assistance per day to be paid at the BC Government Rate (2019 $0.55 per km)	**$**
DATED:	Signature of Secretary Treasurer