



**SCHOOL DISTRICT No. 69 (QUALICUM)**

**Transportation Department**

P.O. Box 430,  
1365 Springhill Rd.  
Parksville, BC V9P 2G5

Phone: (250) 954-3022  
Fax: (250) 954-3028

**Request for Financial Support 2021-2022**

Families who require financial support for a courtesy bus pass can request support in 2 ways:

- A. A payment plan that extends past mid-October, but no later than October 30<sup>th</sup>
- B. Full or partial fee waiver for families in extreme financial need.

This form along with the bus pass application(unless already submitted) is to be returned to the Transportation Department for consideration.

**Name of Student(s):**

1. \_\_\_\_\_  
Last Name (please print)      First Name (please print)

2. \_\_\_\_\_  
Last Name (please print)      First Name (please print)

3. \_\_\_\_\_  
Last Name (please print)      First Name (please print)

4. \_\_\_\_\_  
Last Name (please print)      First Name (please print)

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**Applicant (Parent/guardian):** I am applying for:    A. Payment Plan     B. Partial Waiver     Full Waiver

\_\_\_\_\_  
Parent / Guardian (Please Print)      Signature      Date

**A. Payment plan that extends past mid-October** will be considered on a case by case basis. If approved, default on the payment plan will result in revoking the bus pass.

Payment plan for courtesy rider (\$125/year/rider):

Oct. 15	\$40.00 X _____	PD <input type="checkbox"/>
Nov. 15	\$40.00 X _____	PD <input type="checkbox"/>
Dec. 15	\$45.00 X _____	PD <input type="checkbox"/>

**B. Requests for a waiver** will be considered on a case by case basis and all requests for a waiver (full or partial) must have a copy of the applicants 2020 Income Tax Assessment attached along with the following information:

- Do you live with a spouse/partner/other adult :    Yes     No  \_\_\_\_\_

If yes, you must attach a copy of that person's 2020 Income Tax Assessment.

- If a partial waiver was provided, what amount would you be able to afford?    \$ \_\_\_\_\_ / child

**OFFICE USE ONLY**

2020 Income Tax document(s) provided:    Yes     No  \_\_\_\_\_

Approved for:    **A.** Payment Plan (details above)     **B.** Partial Waiver  \$ \_\_\_\_\_    Full Waiver  \$ \_\_\_\_\_

Additional Details: \_\_\_\_\_

Approved by: \_\_\_\_\_      Date: \_\_\_\_\_