



SCHOOL DISTRICT 69 (QUALICUM)  
 100 Jensen Ave. E  
 PO Box 430  
 Parksville, BC  
 V9P 2G5

2019 – 2020

**Bus Pass Application**

*Bus passes are mandatory for all students riding to/from school.*

For busing information contact:  
 Transportation Department  
 PH: 250 954-3022  
 FAX: 250 954-3028  
 email: [buspass@sd69.bc.ca](mailto:buspass@sd69.bc.ca)

To be completed by the parent/guardian.

**1. STUDENT INFORMATION**

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

School: \_\_\_\_\_ Gr: \_\_\_\_\_

\*NOTE: **Kindergarten children must be met at the bus stop**

Child carry an Epi-pen? Yes  No

Medical condition: \_\_\_\_\_

**2. ADDRESS & CONTACT INFORMATION**

Primary Address  Alternate address (daycare or 2<sup>nd</sup> home address)

\* NOTE - A separate form is required for each address

\_\_\_\_\_  
 Street # Street Name City

PHONE #'S WE CAN USE TO REACH YOU WHILE YOUR CHILD IS ON THE BUS

\_\_\_\_\_

**3. BUS STOP INFORMATION** – refer to Bus Schedule (when a transfer is needed, enter both stops)

**AM BUS**

R# \_\_\_\_\_ Stop: \_\_\_\_\_

Transfer to:

R# \_\_\_\_\_ Stop: \_\_\_\_\_

**PM BUS**

R# \_\_\_\_\_ Stop: \_\_\_\_\_

Transfer to:

R# \_\_\_\_\_ Stop: \_\_\_\_\_

Comments:

\_\_\_\_\_  
 \_\_\_\_\_

**WALK LIMITS**

K - Gr. 7 3.2 KM  
 except for BES, EES & NBES - 1.5 KM  
 Gr. 8-12 4.8 KM

**BUS PASS FEES**

Eligible Rider - n/c  
 (within catchment area & outside of walk limits)

- Bus pass forms for eligible riders may be handed in at your child's school office or emailed to [buspass@sd69.bc.ca](mailto:buspass@sd69.bc.ca). Bus passes will then be sent to the school for pick up.

Courtesy Rider - \$125.00/year  
 (within catchment area and within walk limits or outside of catchment area)

- Bus passes for courtesy riders must be purchased at the School Board office.

**FOR OFFICE USE ONLY:**

Home address within walk limits? Yes  No

Cross-boundary student? Yes  No

ISP Student Yes  No

Eligible  Courtesy  Paid \_\_\_\_\_

Bus Pass #: \_\_\_\_\_ Issued: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOIP Act Sec 33,2 (a-c): This information is being collected to provide transportation service and grant eligibility under the School Act. Contact the Secretary Treasurer if you have any questions regarding the collection of this information.

**PARENT/GUARDIAN DECLARATION**

By signing this form I acknowledge that I have read the information sheet that includes **Student Behavior on the Bus** and **Safety – Vehicles, School Buses & Children**. I declare that my child is eligible to ride as an **Eligible Rider (no fee)** as my child's primary home address, 2<sup>nd</sup> home address or daycare location, as listed above, qualifies him/her as being eligible for school bus transportation as per the School District 69(Qualicum) walk limits (Policy#7054) noted above.

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date