



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
Email: buspass@sd69.bc.ca

Request for Financial Support 2023-2024

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

- A. A payment plan for courtesy riders that extends past mid-September, but no later than Nov. 15th
- 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) | 3. _____
Last Name (please print) | _____
First Name (please print) |
| 2. _____
Last Name (please print) | _____
First Name (please print) | 4. _____
Last Name (please print) | _____
First Name (please print) |

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):

Sept. 15	\$40.00 X _____	PD <input type="checkbox"/>
Oct. 15	\$40.00 X _____	PD <input type="checkbox"/>
Nov. 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 **2022 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 2022 Income Tax Assessment.

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

OFFICE USE ONLY

2022 Income Tax document(s) provided: Yes ☐ No ☐ _____

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

Additional Details: _____

Approved by: _____ Date: _____