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 2018-2019

Families who require financial support can request support in 2 ways:

A. A payment plan that extends past mid-September but no later than November 30th
B. Full or partial fee waiver for families in extreme financial need.

This form along with the bus pass application 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-September** 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 ☐
Oct. 31	$40.00 X _____	PD ☐
Nov. 30	$45.00 X _____	PD ☐

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 2017 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 2017 Income Tax Assessment.

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

OFFICE USE ONLY

2017 Income Tax document(s) provided: Yes ☐ No ☐ _____

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

Additional Details: _____

_____

Approved by: _____ Date: _____