



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

2018 – 2019 Bus Pass Application

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

For information about school busing please contact:
Transportation Department
 PH: 250 954-3022 FAX: 250 954-3028
 email: buspass@sd69.bc.ca

This section is 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 2nd home address)

* NOTE - A separate form is required for each address

Street # _____ Street Name _____ City _____

Home Phone # _____ Emergency Phone # _____
 THESE PHONE #'S WILL BE USED IF WE NEED 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 Name: _____

Transfer to:
 R# _____ Stop Name: _____

PM BUS

R# _____ Stop Name: _____

Transfer to:
 R# _____ Stop Name: _____

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. Bus passes will then be issued and sent to your child's 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: _____

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** and I declare that my child is eligible to ride as an **Eligible Rider (no fee)** as my child's primary 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: _____

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.