



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

2017 – 2018 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**

To be completed by the parent/guardian

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: _____

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 #

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

AM
 R# _____ Stop Name _____; R# _____ Stop Name _____

PM
 R# _____ Stop Name _____; R# _____ Stop Name _____

Comments: _____

BUS PASS FEES

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

WALK LIMITS

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

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: _____

FOR TRANSPORTATION OFFICE USE ONLY:

Bus Pass # Entered Driver's Manifest MyEdBC

Notes: _____

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.*