



P.O. Box 430 Invermere, B.C., Canada, VOA 1KO



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School District 6 Rocky Mountain is located on the traditional unceded shared territory of the Ktunaxa and Secwépmec peoples and the chosen home of the Métis.

MEMORANDUM

DATE: August 15, 2024

TO: Parents Applying for Student Transportation

Assistance Allowance

FROM: Transportation Department - Windermere Zone

SUBJECT: TRANSPORTATION ASSISTANCE ALLOWANCE

Transportation Assistance will again be available to the parents of eligible students for the 2024/2025 school year.

Eligibility is based upon the following criteria:

- a) Grades K to 3 pupils living beyond 4 kilometres from the nearest school or bus stop will be eligible for transportation assistance.
- b) Grades 4 to 12 pupils living beyond 4.8 kilometres from the nearest school or bus stop will be eligible for transportation assistance.

If you meet these requirements, please complete the attached application form and return it to the District Board Office. The District must first approve all applications and you will subsequently be notified of your allowance.

Payments for approved applications will begin the month in which the application for assistance is received at the District Board Office.

Attachment





SCHOOL DISTRICT NO. 6 (Rocky Mountain)

APPLICATION FOR TRANSPORTATION ASSISTANCE ALLOWANCE

NAME OF APPLICANT:			TELEPHONE NO:		
MAILING ADDRESS:					
TOWN:			POSTAL CODE:		
PHYSICAL ADDRESS OF HOME:					
School District No. 6 (Rocky Mountain) Transportation Department – Windermere Zone PO Box 430, 620 4 th Street Invermere, BC VOA 1K0					
Dear Sir:					
I herewith make application for Transportation Ass		ce for the following	pupil(s):		
STUDENT NAME:	AGE:	GRADE:	SCHOOL:		
1. Distance travelled (rounded to nearest .1 km) f	rom property to:				
a) Nearest age and/or program appropriate	e school:	kilometres (or	ne way)		
b) Nearest school bus stop: ki	lometres (one w	ay)			
Both "a" and "b" must be filled in. When comp DO NOT include the distance driven on your ov		nce include return tri	ip(s.)		
2. Total daily distance travelled: kild	ometres. (It is ur	nderstood that the S	school District will verify the stated kilometers.)		
* PAYMENTS FOR APPROVED APPLICATIONS WILL	L BEGIN THE MO	NTH IN WHICH THE	APPLICATION IS RECEIVED AT THE DISTRICT BOAI	RD OFFICE*	
(Signature of Applicant)			DATE:		
For Office Use Only:					
Distance Verified by Operations: \Box					
Operations Approval: YES \(\sigma\) NO \(\sigma\) G/L Acct 770-33200/770 (Signature of Ope	rations Supervisor)	Date:		
Learning Services Approval: YES □ NO □ _ (when required) (G/L Acct 770-33300/770	Signature of DOI	Learning Support Se	Date: ervices)		
Date Received at District Board Office:		_	Updated	l July 2021	