

**APPLICATION FOR TRANSPORTATION ASSISTANCE**

**2022/2023 SCHOOL YEAR**

Financial assistance may be available to parents or legal guardian on behalf of children who reside beyond prescribed distance from a school or school bus service and who are willing to provide transportation. Requests for assistance must be submitted on this form and mailed to:

**New application forms must be submitted and approved each school year.**

**QUESNEL SCHOOL DISTRICT**  
**401 North Star Rd.**  
**Quesnel, B.C. V2J 5K2**  
**992-8802**



Date of Application: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number of Parent or Guardian: \_\_\_\_\_

| <b>Pupil's Name</b> | <b>School Attending</b> | <b>Grade</b> |
|---------------------|-------------------------|--------------|
| _____               | _____                   | _____        |
| _____               | _____                   | _____        |
| _____               | _____                   | _____        |

One way distance from home to: a) nearest school \_\_\_\_\_ km

b) nearest bus stop \_\_\_\_\_ km

Number of round trips to school or bus stop \_\_\_\_\_.

Total daily distance claim \_\_\_\_\_ km.

On reverse of this application form draw a sketch map showing residence in relation to local roads. Show District Lot Number and provide sufficient description of residence so that it can be **clearly** identified.

I hereby agree to be responsible for the daily transportation of the above students to and from school or school bus stop.

\_\_\_\_\_  
(Signature of Parent or Guardian)

**FOR OFFICE USE ONLY**

Application: \_\_\_\_\_ New

Information Verified by: \_\_\_\_\_

\_\_\_\_\_ Renewal

Total daily distance: \_\_\_\_\_

Total daily amount of grant: \_\_\_\_\_

Date Approved: \_\_\_\_\_