

SCHOOL DISTRICT #22 (VERNON) Transportation Department

1401 – 15 Street Phone: (250) 549-9281 Vernon, BC V1T 8S8 Fax: (250) 549-9200

Request for Financial Assistance 2018-2019 (Courtesy Rider)

Families who require financial assistance can request support in two ways:

- A. A payment plan that extends past mid-August but no later than January 15.
- B. Full or partial fee waiver for families in extreme financial need.

This form, along with the school	bus registration, is to	be returned to the Trans	portation Depar	tment for consideration.
Name of Student(s):				
1 Last Name (please print)	First Name (please print)	3	se print)	First Name (please print)
	Thist Name (please print)	Last Name (pieas	е рини	riist Name (please print)
2	First Name (please print)	4 Last Name (pleas	e print)	First Name (please print)
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Applicant (Parent/guardian):	I am applying for:	A. Payment Plan 🗌	B. Partial Waiv	ver 🗌 Full Waiver 🔲
Parent / Guardian (Please Print)	Signature			Date
A. Payment plan that extends the payment plan will resu	-		by-case basis. I	f approved, default on
Payment plan	for courtesy rider (\$30	00/year/rider):		
Aug.	31 \$150 x	Paid 🗆		
Jan.	31 \$150 x	Paid 🗆		
B. Requests for a waiver we have a copy of the applicant			•	waiver (full or partial) must ving information:
Do you live with a spou	se/partner/other adul	t: Yes□ No□		
If yes, you mus	t attach a copy of that	person's <u>2017 Income T</u>	ax Assessment.	
 If a partial waiver was p 	provided, what amoun	t would you be able to af	ford? \$_	/ child
OFFICE USE ONLY 2017 Income Tax document(s)	orovided: Yes 🗆	No 🗆		
Approved for: A. Payment Pla	n (details above) \square	B . Partial Waiver □\$_	Fι	ull Waiver 🗆 \$
Additional Details:				
Approved by:		Date:		