

AP 307-4 Application for Transportation Assistance

DATE: _____

TO: School District No. 34 (Abbotsford)
2790 Tims Street
Abbotsford, British Columbia
V2T 4M7
Attention: Transportation Manager

RE: TRANSPORTATION OF STUDENTS FOR THE SCHOOL YEAR <Year>

1. Distance from student's home to: (please complete both (a) and (b))
 - (a) nearest suitable school _____ km.
 - (b) nearest suitable school bus stop _____ km.
2. The total daily distance travelled is _____ km.
Total mileage is from home to school and back home (AM) and from home to school and back home (PM)
3. The students transported are:

NAME	AGE	GRADE	SCHOOL

PARENT'S SIGNATURE: _____

ADDRESS: _____

FOR SCHOOL DISTRICT OFFICE USE ONLY

SPECIAL TRANSPORTATION REQUIREMENT VERIFIED: _____

Transportation Manager

APPROVED FOR TRANSPORTATION ASSISTANCE: _____

(date)

DAILY RATE APPROVED \$ _____

Secretary-Treasurer (or designate)