

Transportation Charge and School Fee Subsidy MUST BE SUBMITTED ANNUALLY AND APPROVED PRIOR TO BUS PASS ISSUE

PLEASE READ BOTH SIDES PRIOR TO FILLING OUT FORM and complete section A and either section B OR C

SECTION A: PARENT/	GUARDIAN AND FAMILY INF	ORMATION			
Last Name	First Name				
Street Address	City	Province	Postal Code		
Street Address	City	Province	Postal Code		
Home Telephone No	Business Telephone No.	Email address (Please inc	lude an email if you would like notification of ap	oroval	
School year:					
Ochool year.					
Lam applying for a si	ubsidy for (please select one	or both): Transportatio	n Chargo 🗆		
i aili appiyilig ioi a si	ubsidy for (please select offe	School Fees	<u> </u>		
November of seconds as	at alter as the leaves a boat at	School rees			
number of people re	siding in household:	•			
Name of Child(ren) Inc	lude all)	School(s) A	ttending		
Icertify the information provided	on this application and in any documents attac	hed is correct and complete. I also und	derstand financial and other information provided abo	ove is	
confidential.	,,	•	,		
Signature		Date			
Signature		Date			
llaaca aamnlata aithar	Section B below or Section (C on Bogo 2:			
iease complete either	Section B below of Section (on Paye 2.			
CECTION D. CUDCI	DV FOR EVERTIONAL CIRC	CLIMOTANICE			
SECTION B. SUBSI	DY FOR EXCEPTIONAL CIRC	OUNDIANCES			
☐ My circumstances are e	exceptional and I have spoken to a prin	ncipal and had the form signed	by the principal below.		
To manaissa a Cantina	Div. a		and the second second		
	B waiver, meet with one of your pale the pri				
wiii Subiiiit tiie walve	r on your behalf once the pri	ncipai nas signeu me ro	71111.		
Dringing!'s cianature far	Section B applications only)	- % Waive	a		
ELLICIONI > SIGNATURA MAR	DECTOR D ADDRESSIONS ONLY	7/2 VV 31V D			

SECTION C: SUBSIDY BASED ON CONFIDENTIAL FINANCIAL INFORMATION

☐ I have attached a copy of the most recent **PROOF OF INCOME STATEMENT** for **ALL PARENTS/GUARDIANS** in the **household**. Proof of Income Statements may be obtained at no charge by calling the Canada Revenue Agency at **1-800-959-8281 or online with CRA My Account**.

The following chart of family income levels outlines how the waiver of fees will be determined for the school year under Section C:

# of Adults and Children Per Household	100% Waiver	50% Waiver
2 persons	< \$29,035	\$29,035-\$34,842
3 persons	< \$35,695	\$35,695-\$42,833
4 persons	< \$43,339	\$43,339-\$52,007
5 persons	< \$49,153	\$49,153-\$58,984
6 persons	< \$55,438	\$55,438-\$66,525
7 or more persons	< \$61,721	\$61,721-\$74,066

Statistics Canada Low Income Cut Off, Market Basket Measure and Consumer Price Increase used as a guideline

Sign and mail the completed application form with supporting document(s) to:

Fee Subsidy Processing 1040 Hollywood Road S Kelowna, BC, V1X 4N2 Mark "CONFIDENTIAL" on the envelope

It is our goal to process your application within 2 weeks of the receipt date. If you have submitted a subsidy request and have not heard back with a reasonable time frame please contact our office at 250.860.8888.

Please note that approvals are only for one school year and that you must reapply every year for the subsidy.