

## APPLICATION FOR STUDENT TRANSPORTATION ALLOWANCE

Application date \_\_\_\_\_ School year \_\_\_\_\_

The *Student Transportation Regulations* state:

Where a student resides more than 3.2 kilometres by the nearest passable road from the school he or she attends and resides more than 3.2 kilometres from the nearest loading point or bus route, the Department of Education shall pay a transportation allowance for transporting the student to the loading point.

Note:

1. Only one transportation allowance is payable per household.
2. The maximum transportation allowance payable is \$13.00 per day.
3. You are not eligible for a transportation allowance if your child attends an out-of-area school at your request.

**If you meet the regulatory requirements above**, fill out this form, print it, sign it, and:

- Bring it to the Education Building, 1000 Lewes Boulevard, or
- Fax it to 867-667-8243 or
- Scan and email it to [student.transportation@gov.yk.ca](mailto:student.transportation@gov.yk.ca).

Parent/Guardian Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ Prov./Terr.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Complete Mailing Address (if different from residence address): \_\_\_\_\_

City or Town: \_\_\_\_\_ Prov./Terr.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student name	Date of birth	Grade	School

I live \_\_\_\_\_ kilometres (one way) from my child's school. (If you have more than one child attending different schools, enter the distance from the school that is farthest from your home.)

I live \_\_\_\_\_ kilometres (one way) from the closest school bus stop.

### DECLARATION

I declare that the information in this application is true, correct and complete to the best of my knowledge. I make this declaration knowing it to be of the same force and effect as it made under oath by virtue of the *Canadian Evidence Act*.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**If you need to provide additional information about your application, or if you want someone other than you to receive payment, please use the back of this form.**

If payment is to be made to someone other than the parent/guardian, complete this authorization.

I, \_\_\_\_\_, authorize the Transportation Subsidy to be paid to:

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ Prov./Terr.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Additional information pertaining to your application

This information is being collected under the authority of the *Education Act* and its respective regulations, policies and guidelines, for the purpose of administering the student transportation allowance. It will not be used for any other purpose without the consent of the applicant. The collection and use of this personal information is managed in accordance with the *Access to Information and Protection of Privacy (ATIPP) Act*. Questions about the collection and use of your personal information can be answered by contacting the ATIPP Coordinator for the Department of Education at 867-667-8326 or 1-800-661-0408 extension 8326.

For questions or further information about this application, contact the Student Transportation Officer:  
867-667-5172 or 1-800-661-0408 extension 5172  
[student.transportation@gov.yk.ca](mailto:student.transportation@gov.yk.ca)

**FOR OFFICE USE ONLY**

Certified pursuant to Section 24 (Commitment Authority) of the *Financial Administration Act*.

Approved by \_\_\_\_\_ Date \_\_\_\_\_