



**SCHOOL DISTRICT #22 (VERNON)**

**Transportation Department**

1401 – 15 Street

Phone: (250) 549-9281

Vernon, BC

Fax: (250) 549-9200

V1T 8S8

Email: transdept@sd22.bc.ca

**Request for Financial Assistance 2021-2022  
(Courtesy Rider)**

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

- A. A payment plan that extends past June 30 and completes payment within three months of approval.
- 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 Transportation Department for consideration.

**Name of Student(s):**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 Last Name (please print) First Name (please print) Last Name (please print) First Name (please print)

2. \_\_\_\_\_ 4. \_\_\_\_\_  
 Last Name (please print) First Name (please print) Last Name (please print) First Name (please print)

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**Applicant (Parent/guardian):** I am applying for: A. Payment Plan  B. Partial Waiver  Full Waiver

\_\_\_\_\_  
 Parent / Guardian (Please Print) Signature Date

**A. Payment plan that extends past June 30** with first payment not later than August 15, 2021.

Payment plan for Transportation Fee:

\$1/3 x \_\_\_\_\_ Paid  \$1/3 x \_\_\_\_\_ Paid

\$1/3 x \_\_\_\_\_ Paid

**B. Requests for a waiver** will be considered on a case by case basis. All requests for a waiver (full or partial) must Be supported by financial evidence indicating financial need (previous year's Income Tax Assessment). All financial documentation received will be inspected and securely destroyed.

- Do you live with a spouse/partner/other adult : Yes  No  \_\_\_\_\_

If yes, you must attach a copy of that person's 2020 Income Tax Assessment.

- If a partial waiver was provided, what amount would you be able to afford? \$ \_\_\_\_\_ / child

**OFFICE USE ONLY**

2020 Income Tax document(s) provided: Yes  No  \_\_\_\_\_

Approved for: **A.** Payment Plan (details above)  **B.** Partial Waiver  \$\_\_\_\_\_ Full Waiver  \$\_\_\_\_\_

Additional Details: \_\_\_\_\_

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

04/22/21