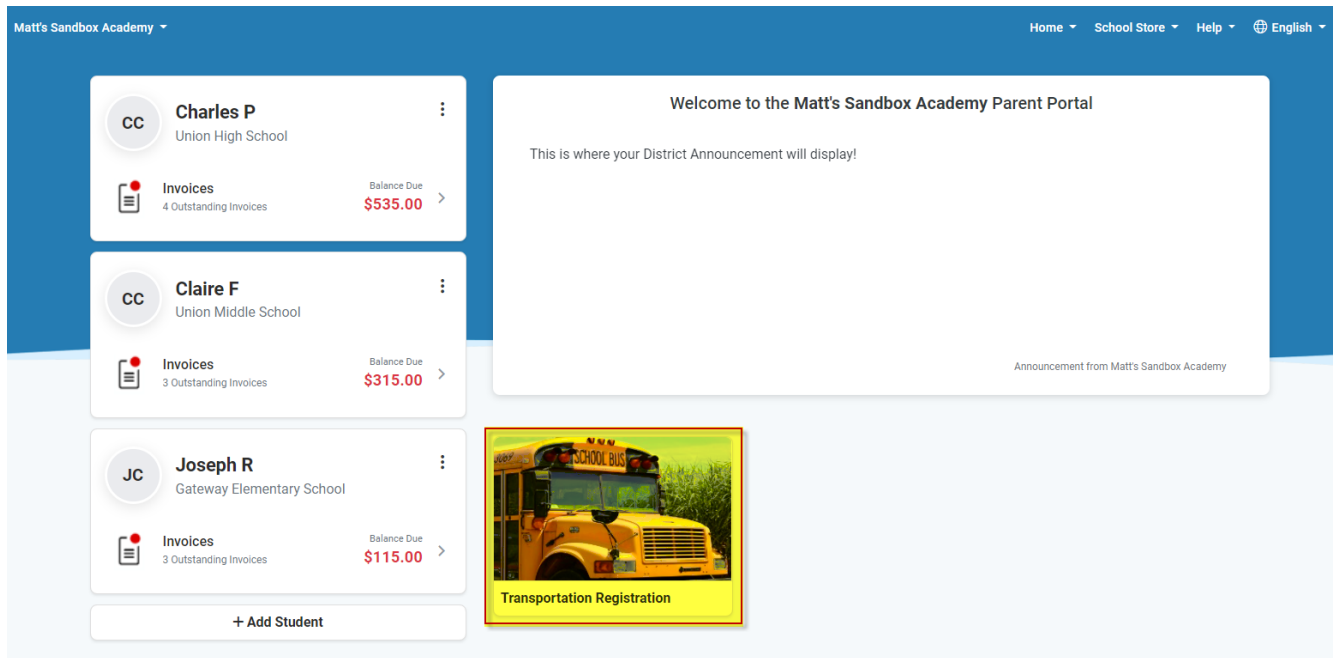


COMPLETING THE TRANSPORTATION REGISTRATION ON THE WEBSITE

Navigate to <https://www.myschoolbucks.ca/> and log into your account.

Click on the **Transportation Registration** tile to begin your Registration. (Use the **+Add Student** button if you don't see your students)



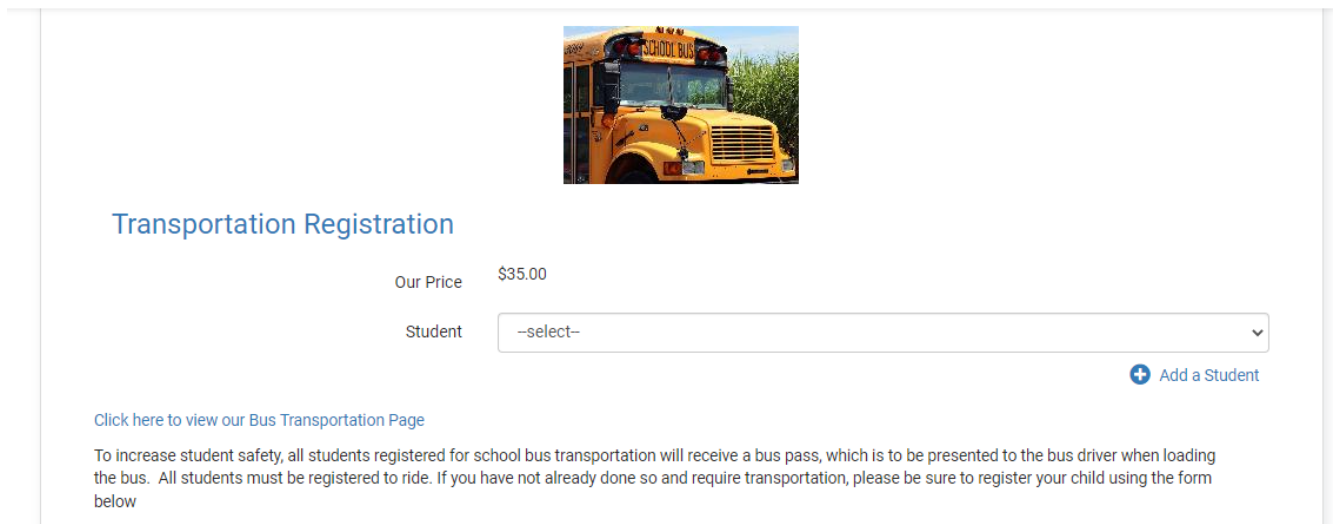
The screenshot shows the parent portal interface for Matt's Sandbox Academy. On the left, there are three student profiles:

- Charles P**, Union High School, with 4 Outstanding Invoices and a Balance Due of \$535.00.
- Claire F**, Union Middle School, with 3 Outstanding Invoices and a Balance Due of \$315.00.
- Joseph R**, Gateway Elementary School, with 3 Outstanding Invoices and a Balance Due of \$115.00.

Below these profiles is a button labeled "+ Add Student". To the right, a large white box contains a welcome message: "Welcome to the Matt's Sandbox Academy Parent Portal" and "This is where your District Announcement will display!". Below this is a placeholder for an announcement. At the bottom right, there is a yellow tile for "Transportation Registration" featuring a school bus image.

Please note: You will need to fill out a registration for each of your students individually.

Select the student this registration is for from the dropdown list. If you don't see your student, click on + Add a Student.



The screenshot shows the "Transportation Registration" form. At the top, there is a yellow school bus image. Below it, the title "Transportation Registration" is displayed. The form includes:

- "Our Price" set to \$35.00.
- "Student" dropdown menu with "--select--" as the current selection.
- A "+ Add a Student" button.

Below the form, there is a link: "Click here to view our Bus Transportation Page". A paragraph of text follows: "To increase student safety, all students registered for school bus transportation will receive a bus pass, which is to be presented to the bus driver when loading the bus. All students must be registered to ride. If you have not already done so and require transportation, please be sure to register your child using the form below".

If you are registering 3+ siblings requiring transportation, select **Yes** to this prompt when registering your eldest student and then list all the siblings requiring bussing. *You will still need to complete separate registrations for each of the other siblings.*

Is this student the elder of 3 + siblings requiring transportation from the same household?

Yes

No

If Yes to the above question, please list all siblings requiring bussing. ONE FORM FOR EVERY STUDENT

Please list all siblings requiring transportation

Complete the registration form and then click **Add to Cart** if you need to complete additional registrations or **Buy Now** if you are ready to proceed to checkout.

Notes, comments, and/details regarding special bussing needs

Wheel Chair Required?

Cancel

▶ Buy Now

🛒 Add To Cart

If you selected **Add to Cart**, you can complete additional registrations by clicking on **View Details** below the Transportation Registration tile or click on the **Shopping Cart** icon at the top of the page to proceed to checkout.

MY SCHOOL BUCKS Vernon SD22 Home School Store Help English


HOME > SCHOOL STORE > BROWSE ITEMS



Filter by school

- Alexis Park Elementary
- Bearsto Elementary
- Clarence Fulton Secondary
- Hillview Elementary
- Kalamalka Secondary
- Mission Hill Elementary
- Vernon Secondary

Filter by category



Transportation Registration

View Details

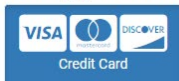
Once accessing the cart by selecting **Add to Cart** or clicking on the **Shopping Cart** icon at the top of the page, you will be able to review your registrations.

NAME	STUDENT	UNIT PRICE	QUANTITY	AMOUNT	
Transportation Registration	Blanketing / Hubster	\$35.00	1	\$35.00	

Links:
Opening comments:
elder of 3+ siblings requiring transportation:
Please list all siblings requiring transportation:
Parent Name:
Parent Phone Number:
Parent Email Address:
Residential Street Number:
Residential Street Name:
Residential Street Type (Street, Ave, or other):
Residential Apartment/Unit/Complex?:
Residential City:
Residential Postal Code:
Program of Choice Response:
Morning bussing Response:
After School response:
If alternate AM pickup location required: Street Number:
If alternate AM pickup location required: Street Name:
If alternate AM pickup location required: Street Type:
If alternate AM pickup location required: City:
If alternate AM pickup location required: Postal Code:
If alternate PM pickup location required: Street Number:
If alternate PM pickup location required: Street Name:
If alternate PM pickup location required: Street Type:
If alternate PM pickup location required: City:
If alternate PM pickup location required: Postal Code:
Other Notes, Comments, Accomodations:
Notes, comments, and/details regarding special bussing needs:
Wheel Chair Required?:

If it is your first time making a payment on MySchoolBucks, please enter the appropriate card information for your Visa, MasterCard, or Discover credit or debit card.

Choose a payment method:



<input type="text" value="Card #"/>	<input type="text" value="Address Line 1"/>
<input type="text" value="January"/>	<input type="text" value="Address Line 2 (Optional)"/>
<input type="text" value="2023"/>	<input type="text" value="City"/>
<input type="text" value="Name on Card"/>	<input type="text" value="Select State/Province"/>
	<input type="text" value="ZIP Code"/>

After you have used a card, it will be saved and you will be able to select it for future payments

Make this my primary billing account

[Enter a new credit card](#)

Review your registration and payment information a then click **Continue**.

Choose a payment method:



[Enter a new credit card](#)

Subtotal	\$35.00
Sales Tax	\$0.00
Program Fee	\$0.00
Total	\$35.00

[Continue](#)

By clicking this button, you agree to our [Terms of Service](#).

After clicking continue, you will be brought to a page to review your registration(s) and payment information a final time. Click **Continue** to submit your registration and process your payment.

NAME	STUDENT	UNIT PRICE	QUANTITY	AMOUNT
Transportation Registration	[REDACTED]	\$35.00	1	\$35.00

Links:
 Opening remarks:
 Date of registration:
 Students First Name:
 Students Last Name:
 Number of 3+ siblings requiring transportation:
 Please list all siblings requiring transportation:
 Parent Name:
 Parent Phone Number:
 Parent Email Address:
 Residential Street Number:
 Residential Street Name:
 Residential Street Type (Street, Ave, or other):
 Residential Apartment/Unit/Complex:
 Residential City:
 Residential Postal Code:
 Students Grade:
 Students School:
 Program of Choice Response:
 Morning bussing Response:
 After School response:
 Alternate AM pick-up location:
 Alternate PM drop-off location:
 Wheel Chair?:
 Notes and/or comments:
 Please provide details regarding special bussing needs:

BILL TO: Mastercard ending in 8603

Subtotal	\$35.00
Sales Tax	\$0.00
Program Fee	\$0.00
Total	\$35.00

Cancel **Continue**

You will then receive a Payment Confirmation message as well as an email receipt with your registration information.

Payment Confirmation

Your payment (confirmation code: "ORY00IRA5KKGE1X") is being processed. Thank you!
 The payment will appear on your statement as "SCHOOL DISTRI".

Please Note:

- You will receive an email confirmation for this payment if you have enabled payment confirmations in your User Profile.
- You may check your [Order History](#) at any time for your order status.

MY SCHOOL BUCKS

Order Accepted

This message is sent as a notification of an online order.

ID: [REDACTED]
 Date: [REDACTED]
 School District: [REDACTED]
 Store: [REDACTED]
 Name: [REDACTED]
 Email Address: [REDACTED]

Product	Student	Unit Price	Quantity	Total Price
Transportation Registration	[REDACTED]	\$35.00	1	\$35.00

Links:
 Opening comments:
 Number of 3+ siblings requiring transportation:
 Please list all siblings requiring transportation:
 Parent Name:
 Parent Phone Number:
 Parent Email Address:
 Residential Street Number:
 Residential Street Name:
 Residential Street Type (Street, Ave, or other):
 Residential Apartment/Unit/Complex:
 Residential City:
 Residential Postal Code:
 Program of Choice Response:
 Morning bussing Response:
 After School response:
 Alternate AM pickup location required:
 Alternate PM pickup location required:
 Alternate AM pickup location required:
 Alternate PM pickup location required:
 Other links, Comments, Administrations:
 Notes, comments, and details regarding special bussing needs:
 Wheel Chair Required:

Subtotal:	\$35.00
Sales Tax:	\$0.00
Program Fee:	\$0.00
Grand Total:	\$35.00

Bill To: Vine #0269

PLEASE NOTE: The charge will appear on your statement as **SCHOOL DISTRI**.