

APPLICATION FOR STUDENT TRANSPORTATION ALLOWANCE

Application date: YYYY/MM/DD	School year: YYYY-YYYY
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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.

Parent/guardian information					
Parent/guardian name					
Residence address		City/town		Territory	Postal code
Complete mailing address (if different from residence address)		City/town		Territory	Postal code
Phone	Email				
Student information					
Student name	Date of birth	Grade	School		
I live kilometres (one way) from my child enter the distance from the school that is farthe			than one child	d attending c	lifferent schools,
I live kilometres (one way) from the close	est school bus s	stop.			
Declaration I declare that the information in this application declaration knowing it to be of the same force a					
Signature of parent/guardian:				Date:	

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l,	, authorize the Transportation Subsidy to be paid to:					
Name						
Residence address		City/town	Territory	Postal code		
Phone	Email	Email				
Signature of parent/guardian:			Date:			
Additional information pertaining to yo	our application:					
For questions or further information about	t this application. co	ntact the Student Tr	ansportation Office	er:		
867-667-5172 or 1-800-661-0408 ext student.transportation@gov.yk.ca			,			
This information is being collected under the authority of the tudent transportation allowance. It will not be used for any nanaged in accordance with the Access to Information and inswered by contacting the ATIPP Coordinator for the Department.	other purpose without the c I Protection of Privacy (ATIPF	onsent of the applicant. The P) Act. Questions about the c	collection and use of this pollection and use of your p	ersonal information is		
OFFICE USE ONLY						
Certified pursuant to Section 24 (Commit	ment Authority) of th	ne Financial Adminis	tration Act.			

Approved by: ___

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

Date: __