SCHOOL DISTRICT NO. 87
P.O. BOX 190
DEASE LAKE, B.C. V0C 1L0
Tel. (250) 771-4440
Fax (250) 771-4441

TRANSPORTATION ASSISTANCE APPLICATION

Parent's Name: _____

Mailing Address: _____

_____

Pupil's Name	Age	Grade	School

1. Distance from pupil's home to nearest school: _____ km
2. Total daily kilometers travelled: _____ km
3. Date of commencement: _____
4. Signature of parent/guardian: _____
5. Signature of Principal: _____

District Office Use Only

Calculation of daily allowance:
$1.00 + (daily kilometers x 0.40¢) + (additional pupils x $1.00)

Working: _____

Daily Allowance: _____

Approved ☐ Denied ☐

_____ _____
Superintendent/ Secretary Treasurer Signature *Date*

October 2023