



Date _____
 School Year _____

APPLICATION FOR TRANSPORTATION SUBSIDY

Parent/Guardian Name _____
 Address _____

STUDENT NAME	GRADE	AGE	SCHOOL

TO BE FILLED IN BY PARENT OR GUARDIAN

I have resided at the address above since _____
 If less than one year, give previous address _____
 I live _____ km (one way) from the _____ school/bus stop,
 which is the nearest school/bus stop the students listed above could attend.

If there is a nearer school that the student does not attend state reason:

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 if made under oath by virtue of the Canada Evidence Act.

 Signature of Parent or Guardian Date

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

I, _____ authorize the Transportation Subsidy Allowance paid by the Department of Education for students who travel more than 3.2 km to the nearest School or Bus Stop to be paid directly to:

Name _____
 Address _____

 Signature of Parent or Guardian Date

This information is collected under the authority of the Education Act for the purpose of administering transportation subsidies.
 For further information please contact:
 Student Transportation Officer
 Department of Education, 1000 Lewes Blvd.
 Whitehorse, Yukon 667-5172

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

 Approved by (signature) Date