



Parent Transportation Allowance Application

Appendix A, AP-810 Parent Transportation Allowance

Student Information:

Name	Grade	Age	School
Physical address of student:			

Parent/Guardian Information:

Name:					
Address:					
Home Phone:		Work Phone:		Cell Phone:	
Email:					

Reason for transportation allowance (check one):

- French Immersion
 Pre-Kindergarten
 Special Programming
 Other

Complete appropriate section below:

French Immersion and Pre-Kindergarten

Distance (km) from home to nearest program _____

Special Programming and Other

Distance (km) from home to nearest program _____

Parents will be reimbursed for one (1) round trip = home to school and return home.

I, _____, hereby apply for the parent/guardian travel allowance and certify that the above information is complete and true.

_____ I understand that late submissions will not be reimbursed.

Initial

Signature

Date

For office use only:		<input type="checkbox"/> APPROVED
Nearest program: _____	Number of trips per day: _____	
Distance (km) from home to nearest program: _____	Rate per km: <u>\$0.48</u>	Rate per trip: _____
_____ Signature	_____ Date	