

TRANSPORTATION FEE - LOW INCOME WAIVER

Please complete this waiver and forward with the required documentation to the attention of: Transportation Manager, District Education Office, 22225 Brown Ave., Maple Ridge, BC V2X 8N6, fax: 604-463-2514, email: paul_harrison@sd42.ca

You are eligible to submit a waiver for transportation fees, when the combined gross household income is at or below the thresholds presented in the table below.

| Statistics Canada Low Income Thresholds | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Household Members | 2 | 3 | 4 | 5 | 6 | 7 or more |
| Gross income under | \$29,004 | \$35,657 | \$43,292 | \$49,102 | \$55,378 | \$61,656 |

Applicants for waiver of student transportation fees must provide proof of residency (e.g. driver's license) and the most recent Tax Return Summary supplied by Revenue Canada for all adults (19+) living in this home at the time of application.

Applicant and Student Information

| | | | |
|--------------------|-----------------------|-------------------|------------------------------|
| Parent/Guardian | _____ | _____ | _____ |
| | <i>Last Name</i> | <i>First Name</i> | <i>Middle Name (Initial)</i> |
| Student(s) Name(s) | _____ | School | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| Address: | _____ | _____ | _____ |
| | <i>Street Address</i> | <i>Unit No.</i> | <i>City</i> |
| Home Phone: | _____ | Alternate Phone: | _____ |
| | | | <i>Postal Code</i> |

List all household members at the above address, including applicant.

| Household Member Name | Birth Date | Age | Income | Tax Return Summary Attached |
|-----------------------|------------|-----|--------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I, _____ declare that my combined household income is \$_____ per year.

Signed: _____ Date: _____

Personal Information Declaration: The information on this form is collected under the authority of Section 26(c) of the Freedom of Information and Protection Privacy Act. The information provided will be used to determine eligibility for a Transportation Fee waiver. If you have any questions about the collection and use of this information, please contact the Transportation Manager at 604-463-4200. (June 2014)

| | | | | |
|--|------------------|--|-------------|--|
| School District Review and Approval | Approved | | Denied | |
| <i>Name and Position</i> | <i>Signature</i> | | <i>Date</i> | |