



**FAMILY PLAN APPLICATION FORM
GRADES 1 – 12**

SCHOOL YEAR: 2018 - 2019

Please refer to www.ecsd.net for Bus Pass Fees 2018 - 2019

~ MINIMUM OF 3 STUDENTS PURCHASING IN ORDER TO RECEIVE THE DISCOUNT ~

Home Address Required: _____ (NW/SW)

Programs: Cree, English, French, Polish, Italian, Spanish, Ukranian

Name _____ Grade _____ School _____ Program _____ Yellow ETS

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I confirm that to the best of my knowledge and belief that these applicants meet all of the listed criteria for eligibility.

- ✓ Kindergarten, 100 Voices, Special Needs and Financial Hardships are not included as these passes are free
- ✓ All 3 students must attend an Edmonton Catholic School between grades 1 – 12
- ✓ All 3 students must purchase a bus pass each and every month for the entire year to be eligible for the discount
- ✓ A new form is to be submitted by the family for each new school year
- ✓ Adjustments will not be made for transportation fees previously paid (adjustments are not retroactive)
- ✓ All students must reside at the same residence
- ✓ A replacement ETS bus pass is at full rate of \$75.00

Parent/Guardian: _____ **Date:** _____
(Signature)

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SEND VIA: your **School** or **Fax:** 780 426 2317 or **Email:** transportationservices@ecsd.net

ELIGIBILITY CONFIRMED BY TRANSPORTATION SERVICES:

Eligibility confirmed: Yes No

Date Entered: