



A Division of METROLINX
Une Division de METROLINX

September 28, 2017

Phone: (416) 869-3600 ext.7272
Email: studentid@gotransit.com

NEW STUDENT ID PROGRAM

ST. GABRIEL ADULT LEARNING CENTRE
3750 Brandon Gate Drive
Mississauga, ON,
L4T 3M8

Subject: GO Transit Student ID Program – New Online Application

GO Transit/Metrolinx has updated the Student ID application system to an electronic process. This new and exciting process allows **FULL TIME** students to complete an online application form available on www.gotransit.com and have the approved GO Transit Student ID emailed to them. Upon receipt of the approved GO Transit ID, the student takes their PRESTO fare card to any GO Transit station to set the student concession.

The new electronic application is being used by several academic institutions in the GTHA.

Some of the benefits of this new system are:

1. Eliminating all paper application forms
2. Eliminating the need for students to apply in-person and enabling them to complete applications electronically on a computer, tablet or smart phone
3. Faster turnaround times as students will not have to travel to Toronto to process applications
4. Eliminating the need to constantly update signatures of your signing officers

A power point presentation will be forwarded giving a simplified idea of how this system works. Please complete the attached form and return to us as soon as possible so we can get your student(s) the discount.

If there are any questions please contact us at studentid@gotransit.com or 416-869-3600 ext. 7272.

Sincerely,

Aggie Latiok
Student Services,
GO Transit.

PLEASE COMPLETE AND RETURN THIS FORM VIA EMAIL NO LATER THAN THE DEADLINE DATE

Full Name of Registered School: _____

Mailing Address of School: _____

Contact Name: Surname _____ First _____

Contact Email Address: _____

Contact Phone #: _____

(1) Administrator Name: Surname _____ First _____

Administrator Email Address: _____

Contact Phone #: _____

(2) Administrator Name: Surname _____ First _____

Administrator (2) Email Address: _____

Contact Phone #: _____

(3) Administrator Name: Surname _____ First _____

Administrator (3) Email Address: _____

Contact Phone #: _____

Please return this form as a pdf attachment to our email address: **studentid@gotransit.com**