



School District 622

NORTH ST. PAUL | MAPLEWOOD | OAKDALE

Ready for tomorrow

APPLICATION FOR NON-PUBLIC TRANSPORTATION REIMBURSEMENT

(Submit this form within first 30 days of school year to your child's school office)

North St. Paul-Maplewood-Oakdale School District
District

School Year

Parents/Guardians: Please read our Non-Public Guidelines page before completing this form.

Date: _____

Parent/Guardian Name: _____
(Must be printed legibly for processing)

Address: _____

City/State/Zip Code: _____

School Attended: _____

School Address: _____

Student's Name(s):

Grade:

Name of individual or entity providing transportation: _____

If transporting address is different from parent/guardian above, please list that address below:

I certify that the information provided here is accurate. I have read the eligibility requirements and agreed that the transportation I am being reimbursed for provides for the safety and wellbeing of my children and that all requirements for insurance and licensing are being followed.

Parent/Guardian Signature: _____

REIMBURSEMENT FUNDS WILL BE ISSUED TO YOUR SCHOOL AT YEAR-END