



**Rockford Area Schools**  
**Independent School District #883**  
6051 Ash Street, Rockford MN 55373  
763-477-9165  
www.rockford.k12.mn.us

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TO: Non-Public School

FROM: Rockford Area Schools Business Office

RE: Procedure for Requesting Student Transportation Reimbursement and Compulsory Student Reporting

Enclosed are the necessary forms required for your school to claim transportation reimbursement and to comply with Minnesota Compulsory Instruction Reporting laws. **For your convenience we have consolidated the transportation reimbursement and compulsory student reporting forms to reduce the duplicate reporting by your school.** Therefore, an additional column has been added to report birth dates. Your completed form will be shared between our personnel in charge of transportation reimbursement and student accounting.

In order to maintain our district census record, please include a student directory that also includes parent information.

**Form #1000 Parent Request Form and Instructions** should be duplicated (2 sided) by the nonpublic school and made available to all parents of children eligible for reimbursement. Parents must complete and return this form to the non-public school. The school should then summarize all parent request forms onto Form #1002, then keep Form #1000 on file and submit Forms #1001 and #1002 to the district by October 1. Form #1000 (or form with similar information) should be filed at your school and must be completed by the parent or reimbursement will not be made.

**Form #1001 Non-Public School Application & Certification** must be completed and submitted to the district by October 1.

**Form #1002 Student Transportation Roster & Attendance Report** for all eligible students must be compiled and submitted to the Rockford school district by October 1. (Note: Helpful website for determining student's resident district ([pollfinder.sos.state.mn.us](http://pollfinder.sos.state.mn.us))).

On **May 15**, the school should **resubmit the Student Transportation Roster and Attendance Report (Forms 1001 & 1002) listing actual attendance (projecting attendance to end of the school year)**. The district will reimburse the school prior to **June 30** for all eligible students. All reimbursements received by the school must be disbursed to parents or applied to their accounts.

Payment will not be made if the appropriate forms are not received by May 15.

Transportation Reimbursement Contact:

Sara Pepin, Phone: 763-477-9165 x4001 Email: [pepins@rockford.k12.mn.us](mailto:pepins@rockford.k12.mn.us)

Student Accounting Contact:

Christa Larson, Phone: 763-477-9165 x4000 Email: [larsonchrista@rockford.k12.mn.us](mailto:larsonchrista@rockford.k12.mn.us)

Enclosed: **Form #1000 – Parent Request for Transportation Reimbursement & Instructions**

**Form #1001 – Non-Public School Application & Certification**

**Form #1002 – Student Request Roster & Attendance Report**

These forms may also be found at our website: [www.rockford.k12.mn.us](http://www.rockford.k12.mn.us)



## FORM 1000

### PARENT INSTRUCTIONS

If your child is transported to and from a non-public school at your expense and is eligible for reimbursement, you may, through your school of attendance, request reimbursement for transportation.

Minnesota State Law specifies that students attending out of district non-public schools are eligible for transportation services or reimbursement for transportation to the district boundary.

#### **TO BE ELIGIBLE FOR REIMBURSEMENT EACH OF THE FOLLOWING MUST BE MET:**

- A. Student must live more than 2 miles walking distance from school.
- B. Student is not offered transportation by the district of residence.
- C. Student must be a resident of the district from which reimbursement is claimed.
- D. Parent has submitted a signed request **to the non-public school** at the beginning of the year, no later than 30 days after the beginning of school.
- E. Transportation will either be arranged by the non-public school or by the parent. If the parent is providing the transportation, it will be the responsibility of the parent to assure that the student is transported safely with adequate insurance kept in force, a qualified licensed driver and vehicle in safe operating condition.

If your child or children are eligible according to the specifications listed above, you may use the form on the reverse side to apply for reimbursement. Return this form to the non-public school that your child attends. Re-imbursement will not be made if this completed form is not on file in your school office.

After the school has received your request and reported this information to our district, reimbursement will be sent to your school after the end of the school year. Reimbursement will be made on a per student basis (if transportation is by bus) or family basis (if the student is being transported by a parent vehicle). Your school will either send you a check or apply it to your account.

Please complete, sign and return the request form on the reverse side to your child's school.

*(Parent Request on reverse side)*



**FORM 1000** (Parent submits to nonpublic school to retain in their files)

**PARENT REQUEST FOR TRANSPORTATION REIMBURSEMENT**

\_\_\_\_\_  
**School District of Residence**

\_\_\_\_\_  
**School Year**

\_\_\_\_\_  
**School Attending**

Parent must read reverse side, complete this side, sign and submit to your school within 30 days of the start of school.

\_\_\_\_\_  
**Parent or Guardian's Name**

\_\_\_\_\_  
**Address**

**Name of students  
In family requesting  
Reimbursement**

**Grade**

**Transported By  
Parent or Bus?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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 well-being of my children and that all requirements are being followed.

**Parent's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*(Parent Instructions on reverse side)*



**FORM 1001**

**NON-PUBLIC SCHOOL APPLICATION & CERTIFICATION**

**Submit by October 1st to:**

Rockford Area Schools  
District Office  
6051 Ash Street  
Rockford MN 55373

For School Year \_\_\_\_\_

**APPLICATION FOR IN-DISTRICT TRANSPORTATION ASSISTANCE  
RESIDENT PUPILS ATTENDING OUTSIDE OF DISTRICT**

**SCHOOL INFORMATION**

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Contact Person

**School Dates:** OPEN \_\_\_\_\_ CLOSE \_\_\_\_\_

**Hours:** START \_\_\_\_\_ DISMISS \_\_\_\_\_

**Days:** SESSION \_\_\_\_\_ HOLIDAYS \_\_\_\_\_

\_\_\_\_\_  
E-Mail Address:

\_\_\_\_\_  
Phone Number

Grades Taught	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
Total School Enrollment in Non-Public School														
District Resident enrolled in Non-Public School														
District Residents Transported for which you are claiming reimbursement														

The undersigned hereby certifies that the school requesting transportation assistance qualifies as a nonpublic school for such assistance in accordance with provisions of M.S. 120A.22, subd. 4 and M.S. 123B.84 – 123B.89; and that the non-public school agrees to make such transportation arrangements as necessary to insure a complete trip to the non-public school and to file such reports as necessary for the resident school district to obtain state reimbursement aid for the in-district transportation costs.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
School Administrator or Principal

***(STUDENT TRANSPORTATION and COMPULSORY INSTRUCTION ATTENDANCE ROSTER on next page)***



**FORM 1002**

**STUDENT TRANSPORTATION and COMPULSORY INSTRUCTION  
ATTENDANCE ROSTER**

School Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

I certify that the information on this form is accurate and that other supporting documents are on file and available for audit. I also certify that all supporting documents comply with guidelines provided.

**Please provide this information by October 1st to:**

Rockford Area Schools District Office  
6051 Ash Street  
Rockford MN 55373  
763-477-9165  
763-477-5833 Fax

\_\_\_\_\_  
School Official Signature 10/1

\_\_\_\_\_  
Signature resubmitted with attendance 5/15

District approval of data indicated by signature at bottom of page. Approved form then resubmitted by nonpublic school by May 15 with attendance information entered.

**Complete and submit to School District by October 1 of the current school year.**

**Update and resubmit by May 15.**

Transportation Codes: PC – Private Contractor; SV – School Vehicle; PA – Parent Vehicle; O – Other (Describe)

Pupil's Name (alpha)	Birth Date	Grade	Address, City, Zip	Transp. Code	Parent Request on File (Y/N)	Days Attended

Residency Approved as submitted or revised \_\_\_\_\_

District Signature

*ROSTER –continued on next page...*

**STUDENT TRANSPORTATION and COMPULSORY INSTRUCTION ATTENDANCE ROSTER –cont.**

<b>Pupil's Name (alpha)</b>	<b>Birth Date</b>	<b>Grade</b>	<b>Address, City, Zip</b>	<b>Transp. Code</b>	<b>Parent Request on File (Y/N)</b>	<b>Days Attended</b>

Residency Approved as submitted or revised \_\_\_\_\_  
District Signature