

Dear Parent/Guardian:

Under Wisconsin Statutes 121.55(3), the Board of Education may fulfill its obligation to transport qualified high-cost private-school pupils by offering a parent transportation contract based upon the school district's average cost per pupil for bus transportation during the previous school year. The estimated average cost per pupil for student bus transportation that was paid for by the School District during 2024-2025 is \$623.03/ year or \$311.52/ semester.

By law, subject to the limitation that the contract payment must not exceed the actual cost of transporting the private school student as certified by the parent, the payment you will receive under the contract being offered by the School District will be the greater of (1) \$5 times the distance in miles between the pupil's residence and the private school he/she attends; or (2) the school district's average cost per pupil for bus transportation in the previous school year. **If this contract offer is rejected, the Board of Education of the Madison Metropolitan School District is not obligated to provide transportation for your student.**

The Reimbursement Claim forms (attached) are to be submitted at the end of each semester (or by June 15th for the full school year) for the purpose of documenting and certifying your actual cost of transportation. Please note that you will be asked to keep records of the number of days your child attends school as well as the number of miles driven. To establish your right to receive Payment under a 2024-25 school year "parent contract," the request for payment and the supporting documentation on the Reimbursement Claim form must be received no later than June 15, 2025.

PARENT TRANSPORTATION CONTRACT

For the school year 2024 - 2025

I, _____, parent or guardian of the following named child, do hereby agree to accept responsibility for the transportation of said child to and from the assigned school on a regular basis.

Student	School	Grade	Enrollment Date

In consideration of this agreement, the Madison Metropolitan School District agrees to reimburse said parent or guardian for the cost of transportation, at the rate defined by state law (most typically, the lower of the MMSD average cost per pupil for bus transportation in the previous school year, or the actual cost of transportation as certified by the parent).

Signature of Parent/Guardian	Parent's Address	Phone Number	Date Signed

TERMS:

- If you accept the contract, you may choose to receive your annual contract payment in two separate semester installments, or in a single lump sum at the end of the 2024-2025 school year.
 - To receive partial payment at the end of the first semester, the MMSD transportation office must receive your contract and first-semester claim form (documenting your actual costs for transportation) no later than January 20, 2025.
 - **ALL requests for payment and the associated claim form for any payment under a 2024-2025 parent contract must be received by the MMSD Transportation Office no later than June 15, 2025, to establish a right to payment.**
- **This contract should be sent in at the time you submit your first claim form (documenting your actual costs for transportation). PLEASE DO NOT SEND IN YOUR SIGNED CONTRACT UNTIL THEN!**
- A completed claim form must be submitted to the MMSD Transportation Office by the applicable due date in the current July 1 to June 30 fiscal year to establish a right to payment under this contract. Under no circumstances is the MMSD required to make retroactive payments on any claimed amounts that are attributable to any previous school/fiscal year.
- Requests for payment may NOT include any days for which the student was not actually transported (such as teacher training days, holidays, sick days, or any other absences whether excused or not).
- If the pupil withdraws from the private school before the end of any semester, send a claim form at the time of withdrawal.
- If the family moves to an address which is not eligible for transportation assistance via a "parent contract," send the claim form as of the date the student moved. Payment will be terminated as of that date. Provide and clearly mark the address where the payment should be mailed.

If you need information on eligibility at a new address, need to update information we have on file, or if you have any other questions, call the Madison Metropolitan School District Transportation Office at 663-5288.

TRANSPORTATION REIMBURSEMENT CLAIM (Submit a separate claim form for each child)

School Year 2024 – 2025 Semester being claimed: **1st** **2nd** **Full Year**
 Circle the one that applies to this claim.

I hereby make the following claim for transportation reimbursement from the Madison Metropolitan School District:

Student **School** **Grade** **Birthdate**

ACTUAL COST OF TRANSPORTATION:

1. **If the student was transported by a personal automobile***, show the total claimed actual cost attributable to this student.
 (total number of days attended) _____ x (miles per day) _____ x (cost per mile) _____ = \$ _____ total for semester/year.
 \$ _____ total for sem./year (from above line) ÷ _____ (number of family members transported) = \$ _____ total amount claimed

Comments or explanation:

*** You may only claim one round trip per day. For example, if your child’s school is 5 miles from home, the maximum mileage you can claim is 10 miles per day. Also, regarding the cost per mile: this is what you determine for your actual cost. You may utilize the IRS mileage reimbursement. Refer to the IRS tax tables for accurate mileage rates.**

2. **If student was transported by others for a fee**, show the total claimed cost attributable to this student and explain:
 (Number of days transported) _____ x (cost per day) _____ = \$ _____ (total cost for semester/year)

Comments or explanation:

3. I, _____ (print name), certify that this claim does not exceed the actual cost of transportation for this child, and that the above-named child **did attend school on the number of days claimed.**

Date signed _____ Signature _____

Identify the person who should receive payment and the address where payment should be mailed. Please print clearly:

Pay to _____ Daytime Phone # _____

Street address _____ City/State _____ Zip _____

**Return this form to: MMSD Transportation Office 4711 Pflaum Rd, Madison, WI 53718
 or fax to (608) 204-0345 at the end of each semester (January 15 and no later than June 15).**

FOR TRANSPORTATION OFFICE USE ONLY:

Amount paid to school: _____ OR Amount paid to parent: _____