

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 _____