

NON-PUBLIC SCHOOL APPLICATION C CERTIFICATION



FORM 1001

Submit by October 1st

School Year: _____

Minnetonka Public Schools

Please email to **both** email addresses below:

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

SCHOOL INFORMATION SCHOOL

School Name: _____

First Day of School: _____

School Address: _____

Last Day of School: _____

State, Zip Code: _____

Daily Start Time: _____

Contact Person: _____

Daily End Time: _____

Phone: _____

Email: _____

Grades Offered	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 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.

Sign: X _____

Date: _____

School Administrator or Principal