Unified School District 428
Great Bend, Kansas 67530

2026-2027 School Year

APPLICATION FOR MILEAGE REIMBURSEMENT

Proof of current automobile insurance for the vehicle(s) that transport your student(s) must be included with this form before it will be processed. If you qualify, please return completed application to: USD 428 Transportation Dept., 625 10th St., Great Bend KS 67530

The Board of Education of Unified School District 428 has adopted the following policies concerning payment of student transportation:

A. The district will pay mileage reimbursement to the rural families with children in grades kindergarten through twelve, living outside the city limits of Great Bend, AND 2.5 miles or more from their designated school (by way of the shortest route). **The rate of reimbursement will be determined at a later date.**

B. The amount of payment will be based on exact mileage to the designated school and from the designated school (two trips; one trip to school and one trip from school).

C. No payment will be made for transporting pupils residing outside USD 428 school district.

D. One annual mileage reimbursement will be made after a signed voucher has been filed at the end of the school year at the Education Center, 1809 24th St. Dates to sign final mileage form will be in May 2026. Payment will follow Board of Education approval in July 2026.

If you qualify for reimbursement according to the above regulations, please complete the following:

_____ _____ _____
Parent's Name *Home phone/Cell phone* *Address*

Include mileage (one way) for each school attended.

_____	_____	_____	_____
Student's Name	*Grade in 2026-27*	*School Attending*	*Mileage (one way)*
_____	_____	_____	_____
Student's Name	*Grade in 2026-27*	*School Attending*	*Mileage (one way)*
_____	_____	_____	_____
Student's Name	*Grade in 2026-27*	*School Attending*	*Mileage (one way)*

1. Is your residence outside of the city limits? YES NO (please circle)

2. Give location of your residence. *(Example: ½ mile west and 2 miles south of Hart's Corner).* **Indicate exact location on map on reverse side.**

_____

_____

3. Describe what your home looks like. _____

_____

4. Is your name on the mailbox? YES NO (please circle) Is your house number on the mailbox? YES NO (please circle)

5. Does your student(s) ride with another family/person or in a car pool? YES NO (please circle) If yes, with whom? _____

6. Does your student live at this residence full time? YES NO (please circle) if no, please explain below: _____

7. Does your student have shared custody with another parent? YES NO (please circle) if yes, explain custody arrangements: _____

_____

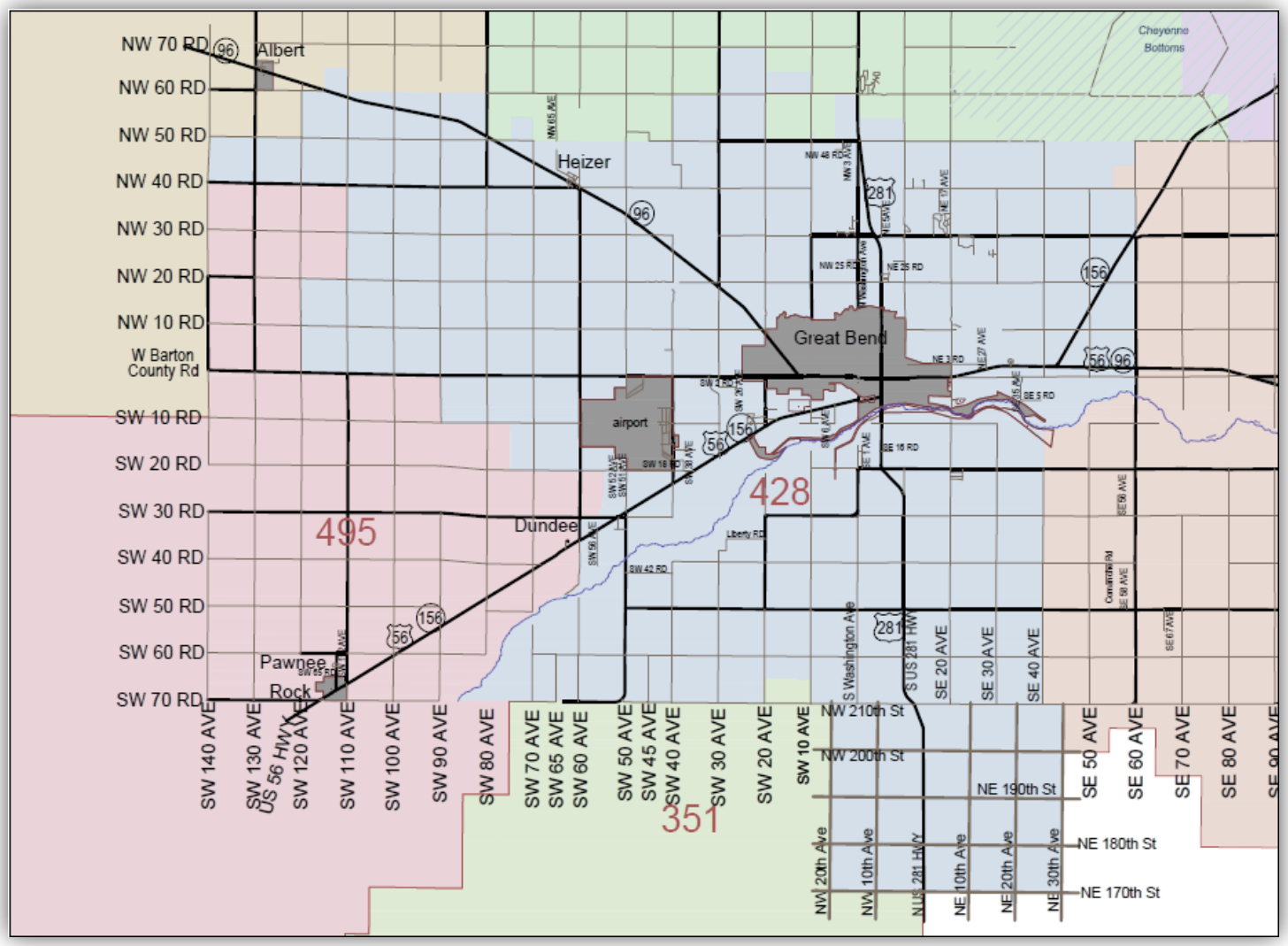
*****IMPORTANT*****

I certify that the above information is correct and that I will keep an accurate record of mileage and days actually driven in order to claim reimbursement at the ending of the school year. **I understand that any misstatement, falsification, or omission of information is subject to denial of payment and/or legal action.** I further agree that the school district may have my mileage verified by auditors of the State of Kansas.

x _____ _____
Signature of Parent or Guardian Date

Please clearly mark where your house is with an X on the exact location of your residence.

N



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