PINELLAS COUNTY SCHOOLS

ISOLATED TRANSPORTATION VOUCHER

Please Print

Student's Name _____ School Assignment _____

Parent/Guardian's Name _____

Address _____ Apt # _____City _____ State _____ Zip _____

Please list below the dates and mileage for a round trip from point of origin (your address), to point of destination (school assignment for the month indicated below.

SELECT ONE MONTH

◯ **Jan** ◯ **Feb** ◯ **Mar** ◯ **Apr** ◯ **May** ◯ **Jun**

◯ **Jul** ◯ **Aug** ◯ **Sept** ◯ **Oct** ◯ **Nov** ◯ **Dec**

	Date	AM From Home To School	**MILES**	PM From School To Home	**MILES**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

MONTHLY TOTAL MILES _____

I hereby certify or affirm that the above mileage was actually incurred by me as necessary for transportation for my child from my home to his/her assigned school or bus stop.

Parent/Guardian's Signature _____ Date _____

I hereby certify or affirm that to the best of my knowledge, the above student was in attendance on the days indicated by the parent.

ESE Transportation Coordinator _____ Date _____

Return all forms to Transportation Department @
WPSC 11111 S. Belcher Rd.
Largo, FL 33773