

Completing this form does NOT register a student / family for bus transportation to / from school.  
A separate bus registration form must be completed.

**FORM 1000**

Parents - please read instructions, complete, sign & submit this form to school of attendance.

**PARENT REQUEST FOR TRANSPORTATION REIMBURSEMENT**

\_\_\_\_\_  
School District # of Residence                      School Year                      Academy of Holy Angels  
School Attending

Parent (s) must complete this form, sign and submit to your school of attendance within 1 week of the first day of school.

**Parent / Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

| Names of students in family<br>requesting transportation | Student's<br>Grade | How transported (please check) |            |                  |
|----------------------------------------------------------|--------------------|--------------------------------|------------|------------------|
|                                                          |                    | Car                            | School Bus | Other (describe) |
| 1                                                        |                    |                                |            |                  |
| 2                                                        |                    |                                |            |                  |
| 3                                                        |                    |                                |            |                  |
| 4                                                        |                    |                                |            |                  |
| 5                                                        |                    |                                |            |                  |

NOTE: If transporting address is different from parent or guardian above, list item number and transporting address below.

\_\_\_\_\_  
\_\_\_\_\_

I certify the information provided here is accurate. I have read the eligibilty requirements and agreed 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 / Guardian Signature**

\_\_\_\_\_  
**Date**

8/4/2026