

GUIDELINES FOR NON-PUBLIC TRANSPORTATION REIMBURSEMENTS

If your child(ren) is transported to and from a non-public school at your expense you **may** be eligible for reimbursement. Minnesota State Law specifies that students who attend out-of-district non-public schools are due reimbursement from their home to the district boundary if they meet these criteria:

TO BE ELIGIBLE FOR REIMBURSEMENT

1. The student must be a resident of Lakeville Area Schools.
2. The student must attend a non-public school where there are no similar schools within the district having similar religious or other affiliation with similar grade levels.
3. The student must live more than one mile (Grades K-5) or more than one and one-half miles (Grades 6-12) walking distance from the school of attendance.
4. Mileage Reimbursement will be limited to the travel within the resident district (i.e., from home to the district border) and be calculated based on the one child that has attended the most days of school from each family.

PARENT/GUARDIAN INSTRUCTIONS

1. If your child(ren) are eligible according to the specifications listed above, you may use the form on the reverse side of this document to apply for reimbursement.
2. Return the form to Lakeville Area Schools no later than November 1st, 2026.

YOUR NON-PUBLIC SCHOOL MUST SUBMIT TO LAKEVILLE AREA SCHOOLS

1. A student list with student name, grade level, home address, telephone #, and parents' names prior to October 15th each school year.
2. A final list as specified above, including each students' attendance for the school year, submitted to Lakeville Area Schools Student Services prior to June 15 each school year.

After your school submits the final year-end list to our office, the information will be verified and all eligible reimbursements from the district will be paid at the end of June to the parent that has a W9 on file with the district.

For questions, call ISD 194 Student Services at 952-232-2012.

ISD 194 NON-PUBLIC TRANSPORTATION APPLICATION/CONTRACT
Completed contract must be received by the Student Services Department by November 1, 2026-
Forms received after the deadline will not be accepted
One contract per family per school

THIS AGREEMENT made and entered this 1st day of School Year 2026-27, by and between ISD #194 hereinafter referred to as *School District*, and _____

Parent's Name (must have W9 on file with District)

_____, _____, _____ hereinafter referred to as *Contractor*.
City State Zip

For the consideration herein expressed, Contractor agrees with the School District:

1. To transport the listed non-public school student(s), for one round trip per school day to and from the school. It is mutually agreed that the term of this contract shall be for the 2025-26 school year.
2. To provide transportation equipment which at all times will conform to the minimum standards for conventional school transportation as established by the Department of Education and the legal requirements of the State of Minnesota
3. To provide currently legally licensed and qualified drivers, per legal requirements of the State of Minnesota.
4. To provide a safe and reasonable means of transportation by a Contractor-owned automobile that shall at all times be insured for liability.
5. To comply with all the laws, ordinances and regulations relating to the use of highways and automobiles used for the transportation of students.
6. It is expressly agreed between the parties that the Contractor is not the employee or the agent of the School District in his/her capacity of transporting said student(s). Contractor will hold the School District harmless from all claims from anyone whomsoever in which persons or property is injured, due to reason of any acts of the Contractor, passengers, or third parties. It is understood that this agreement is solely for the reimbursement of transportation expense for private school students as provided by law and for no other reason.
7. I understand the total payment is not to exceed the amount of the district's non-public transportation revenue per student minus five percent administration cost. Checks will be issued by the end of June and mailed in to the parent that has a W9 on file with the district. ***The parent signing this contract must be the parent with a W9 on file.***

Student Name	Grade	School Name and Address	School Phone Number

Parent signature _____

(☐ W9 is on file with District; or ☐ W9 is attached) Date _____ Phone # _____

Submit form to: studentservices@isd194.org Phone: 952-232-2012 Office use: Account Code 01005760720000 360 Vendor

**Request for Taxpayer
Identification Number and Certification**
Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table><tr><td colspan="10">Social security number</td></tr><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr><tr><td colspan="12">or</td></tr><tr><td colspan="12">Employer identification number</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Social security number														-				-				or												Employer identification number																	-						
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Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.			
Sign Here	<table><tr><td>Signature of U.S. person</td><td>Date</td></tr></table>	Signature of U.S. person	Date
Signature of U.S. person	Date		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they