

Parent Request for Transportation Reimbursement

PARENT INSTRUCTIONS

If your child is transported to and from a non-public school at your expense and is eligible for reimbursement, you may, through your school attendance, request reimbursement for transportation to the boundary of district residence. Minnesota State Law specifies that students who attend nonpublic schools are due transportation services or reimbursement to the district boundary.

TO BE ELIGIBLE FOR REIMBURSEMENT

- A. Students must live more than one mile (elementary) and over two miles (secondary, which includes 7th & 8th) walking distance from school.
- B. When transportation is not offered by the student's school district of residence.
- C. Students must be resident of the district from which reimbursement is claimed.
- D. Student has attended nonpublic school more than 20 days and not attended the district school more than 20 days during the same school year.
- E. Parent has submitted a signed request to the non-public school at the beginning of the year, no later than 30 days after the beginning of school.
- F. Transportation will either be arranged by the nonpublic school or by the parent. If the parent is providing the transportation, it will be the responsibility of the parent to assure that student is transported safely with adequate insurance kept in force, a qualified licensed driver and vehicle in safe operating condition.

If your child or children are eligible according to the specifications listed above, you may use the form to apply for reimbursement. Please complete, sign and return the request form to your child's nonpublic school within two weeks.

School District of Residence _____ School Year _____

School Attending _____

Parent or Guardian's Name _____

Address _____

Names of students in family requesting reimbursement	Grade	Transporting organization or parent	Bus operator, school, taxi, public transport, or parent
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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

I certify that the information provided here is accurate. I have read the eligibility requirements and agreed that the transportation I am being reimbursed for provides for the safety and well-being of my children and that all requirements are being followed.

Parents Signature _____ Date _____