

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 of attendance, request reimbursement for transportation.

Minnesota State Law specifies that students attending out of district non-public schools are eligible for transportation services or reimbursement for transportation to the district boundary.

TO BE ELIGIBLE FOR REIMBURSEMENT EACH OF THE FOLLOWING MUST BE MET:

- A. Student must live more than 2 miles walking distance from school.
- B. Student is not offered transportation by the district of residence.
- C. Student must be a resident of the district from which reimbursement is claimed.
- D. 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.
- E. Transportation will either be arranged by the non-public school or by the parent. If the parent is providing the transportation, it will be the responsibility of the parent to assure that the 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 on the reverse side to apply for reimbursement. Return this form to the non-public school that your child attends. Reimbursement will not be made if this completed form is not on file in your school office.

After the school has received your request and reported this information to our district, reimbursement will be sent to you after the end of the school year. Reimbursement will be made on a per school basis.

Please complete, sign and return the request form on the reverse side to your child's school.

(Parent Request on reverse side)

FORM #1000 (Parent submits to nonpublic school to retain in their files.)

PARENT REQUEST FOR TRANSPORTATION REIMBURSEMENT

School District of Residence School Year School Attending

Parent must read reverse side, complete this side, sign and submit to your school within 30 days of the start of school.

Parent or Guardian Name

Address

	Name of students in family requesting reimbursement attending this school	Birth Date	Grade	Transported by Parent or Bus?
1				
2				
3				
4				
5				
6				

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.

Parent signature_____

Date_____

(Parent Instructions on reverse side)