

# Illinois State Board of Education

Janet Steiner, Board Chair

Robert E. Schiller, State Superintendent

Social Security Number \_\_\_\_\_

Name (Last) \_\_\_\_\_

Name (First) \_\_\_\_\_

Street address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Number of Pupils \_\_\_\_\_

Claim Amount \_\_\_\_\_

Mileage from School \_\_\_\_\_

## Parent/Guardian Certification

Under penalties of law and for the purpose of obtaining reimbursement from the State of Illinois, I hereby certify as follows:

1. I am the parent or legal guardian of the pupils claimed on this form;
2. During the school year for which this claim is being made, these pupils attended regularly scheduled daytime classes as full-time students;
3. These pupils either lived 1 1/2 miles or more from the school attended or lived within 1 1/2 miles from the school attended and I, the parent or legal guardian, have written verification from the Illinois Department of Transportation that a serious safety hazard exists;
4. These pupils did not have access to transportation to and from school provided entirely at public expense;
5. I paid the amount which I have claimed on this form to transport these pupils to and from school during the school year for which this claim is being made; and
6. If requested within three years of the payment of this claim, I will provide the school or the State Board of Education with:
  - a. Records verifying my expenditures as claimed on this form or an affidavit verifying my expenditures as claimed on this form, and
  - b. If this claim is a result of a verified safety hazard, a copy of the notice from the Illinois Department of Transportation verifying the safety hazard,
7. Under penalties of perjury, I certify that the number shown on this form is my correct social security number.

I certify under oath or affirmation to the preceding certification;

**Signature Written:** \_\_\_\_\_

**Signature Printed:** \_\_\_\_\_

Date \_\_\_\_\_