

Parent/Guardian State Pupil Transportation Reimbursement Program

This program is for parents/guardians to whom free bussing is **not** provided. It is also utilized by parents/guardians who live less than 1.5 miles from the school and have a Serious Safety Hazard approval on file with their Regional Office of Education. The reimbursement rates are usually prorated, and are paid out on a per pupil basis.

Purpose and Eligibility

The purpose of the Parent/Guardian Pupil Transportation Program is to reimburse parents or guardians of eligible students for qualified transportation expenses. Statutory authority for this program can be found in the Illinois School Code at 105 ILCS 5/29-5.2 Student eligibility criteria for this initiative includes the following:

- The pupil must be under age 21 at the close of the school year;
- The pupil must be a full-time student in grades K-12;
- The pupil must live either: 1) 1 1/2 miles or more from the school attended; or 2) within 1 1/2 miles of the school attended, where a verified safety hazard exists (similar to the safety hazard mechanism in regular/vocational transportation reimbursement); and
- The pupil did not have access to transportation to and from school provided entirely at public expense.

PLEASE NOTE: PRESCHOOL IS NOT ELIGIBLE

PLEASE FILL OUT AND RETURN ATTACHED FORM BY MAY 10, 2008.

Item Name on Attached Form Explanation

SOCIAL SECURITY NUMBER Enter YOUR nine-digit social security number in the boxes provided. This should be the social security number of the parent/guardian whose name is listed on this form and who signs this claim. Reimbursement will not be issued without the social security number.

LAST NAME PRINT your last name,

FIRST NAME PRINT your first name. DO NOT use nicknames. DO NOT use your spouse's name. DO NOT enter your child's name. The name entered must be the name of the parent/guardian completing and signing the claim form. The name MUST match the name printed on your social security card.

STREET ADDRESS PRINT your complete street address of your residence. This is the address to which your reimbursement check will be mailed.

CITY, STATE, ZIP CODE PRINT the name of the city, state and zip code.

NUMBER OF PUPILS Enter the number of children for whom you are claiming transportation reimbursement who attend this school. You may claim reimbursement for **YOUR** child(ren) only.

CLAIM AMOUNT Enter the total cost to transport your child(ren) attending this school. The amount can include cents. The claim amount may include bus fares and other payments made to providers of transportation and/or \$0.485 cents per mile driven when the parent/guardian or student drives to and from the school. To compute mileage reimbursement when driving children to school, multiply the distance between home and school by four then multiply the product by 0.485 cents. This is the daily cost. Then multiply the daily cost by the number of days the child(ren) are driven to school. St. Joan of Arc is in session 176 days.
(ie. Distance one way x 4 then x 0.485 x 176days)

Mileage from School: Distance between home and school. This distance MUST be calculated by MapQuest and you must supply the printout from MapQuest. Do not alter the distance amount by rounding up or down. The Illinois State Board of Education uses MapQuest to verify mileage distance. Under penalties of law, this distance is the one you enter on the claim form. If it is less than 1 1/2 miles from school you must have applied for an approval of a safety hazard as mentioned. If MapQuest is not available to you at home, you can find it on any computer located in any of our local public libraries.

1 1/2 or more miles from school - If you live 1 1/2 miles or more from this school,
Less than 1 1/2 miles from school with a verified serious safety hazard - If you live less than 1 1/2 miles from this school, in addition to completing this claim form, **you must have already applied for an approval of a safety hazard by February 1, 2008,** at the Regional Office of Education for your region, unless you already have a safety hazard that was approved for the same home address and school. **An approval for serious safety hazard is valid for four years, beginning with the school year in which the approval is given.**

SIGNATURE OF PARENT/GUARDIAN Before signing this claim form, you **must read** the Parent/ (attests to certification) Guardian Certification. By signing the form, you are certifying that you meet all eligibility requirements for the reimbursement and that you will maintain proper documentation of your expenses being claimed and verification of a safety hazard if you live less than 1 1/2 miles from this school.

DATE Enter the date that you have completed and signed/certified this claim form.