

## PARENT INSTRUCTIONS

Form 1000

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 to the boundary of district residence.

Minnesota State Law specifies that students who attend non-public schools are due transportation services or reimbursement to the district boundary.

### TO BE ELIGIBLE FOR REIMBURSEMENT

- A. Student must live more than 1 mile (elementary) and over 2 miles (secondary walking distance from school.
- B. When transportation is not offered by the student's school district of residence.
- C. Student must be a resident of the district from which reimbursement is claimed.
- D. Student has attended non-public 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 letter request to 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 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 a 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.

After your request has been received by the school and your annual attendance is calculated, reimbursement from the district will be sent to your school. The non-public school will either send you a check or you may exercise the option of donating the money back to the school.

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

Form #1000 SUBMIT TO THE WHOLE LEARNING  
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 2 weeks.

\_\_\_\_\_  
Parent or Guardian's Name

\_\_\_\_\_  
Address

Names of Students in Family requesting Reimbursement		Grade	Name: Transporting Organization or Parent	Title: Bus Operator, School, Taxi, Public Transportation, or Parent
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- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

Note: If transporting 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.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent Instruction on reverse side)