

## Application for Reimbursement for Private Transportation or Maintenance of Isolated Pupils

**General Instructions:** In no case can the amount claimed exceed the actual costs incurred by the pupil or his/her parent or legal guardian. Do not include any costs for which reimbursement has been or will be claimed under the special education provisions of the School Foundation Program.

\_\_\_\_\_  
 Name of Applicant (Parent or Guardian)      Family Address (Street, RR, or Road, City, State, ZIP)

Reimbursement is requested for the following pupil(s):

Name of Pupil	Age	Grade	Name of School That Pupil Will Attend

### Type of Reimbursement Requested

(Please Fill In One of the Following Tables)

Monthly Maintenance for Isolated Pupil(s):

Name of Pupil	Amount Requested

Mileage Reimbursement for Use of Personal Vehicle:

*Note: No person is eligible as an isolated pupil under this section unless the pupil's parents or legal guardians demonstrate to the local school board that the family's residing in the isolated location is necessary for the family's financial well being. Reimbursement under this section must be based on actual miles traveled by one vehicle in one school day, regardless of the number of students transported. W.S. 21-4-401 (d) further requires that "... the total miles claimed shall be computed excluding the first two (2) miles traveled each way." Since there are usually two trips to the bus stop or school each day (one in the morning and one in the afternoon), please exclude a total of four (4) miles a day.*

Daily Miles Claimed	Number of Days	Total Amount

(For Board of Trustee Use Only)

Comments:

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\_\_\_\_\_

\_\_\_\_\_

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I certify that the above claims are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Signature of Parent or Legal Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorized Board Signature      Date