

2025-2026 School Year Transportation — In Lieu of Application

In-lieu of reimbursement for school transportation is approved year by year. You must submit a new in lieu of application each school year for each student. The Transportation Department will check the mileage, following state guidelines, and will approve or deny the application accordingly. Reimbursement mileage will be measured to the nearest bus stop; or to the school if no bus stop is available. Mileage accrual begins from the date the Transportation Department receives this application. Payment is determined by attendance each quarter. It is your responsibility to submit form 611 – Student Transportation Request for Payment, to the school secretary for attendance verification. You must notify the Transportation Department, immediately, of any changes that occur to the information provided during the current school year.

	Current Physical Address:					None Park Control of the			
STUDENT INFORMATION	City:				State:		ZIP (Code:	
	Student Name:							Grade:	
	School Name:							Graue.	
	Check all that apply Requesting in lieu of for: AM PM NOON One-way verifie						erified m	ed mileage:	
	Student Name:							Grade:	
	School Name:								
	Check all that apply Requesting in lieu of for: AM PM NOON One-way of						verified mileage:		
	Student Name:						Grade:		
	School Name:								
	Check all that apply Requesting in lieu of for: AM PM NOON One-way						verified mileage:		
	Student Name:						Grade:		
	School Name:								
	Check all that apply Requesting in lieu of for: AM PM NOON One-way ver						erified m	rified mileage:	
CLAIMANT	Parent/Guardian Name:								
	Mailing Address:					Phone:			
	City:				State: Z		ZIP C	ZIP Code:	
	Email Address:								
SIGNATURES	I hereby certify that the information provided on this form is true and accurate, and will notify the transportation department immediately if a change occurs to any student information listed above.								
	Simple of Development								
	Signature of Parent/Guardian:						Date:		
	Signature of Transportation Director:					Date:			
DATE RECEIVED: TERMINATION DATE:							-FC	OR OFFICE USE ONLY	
Reiml	oursement to/from School	Bus Stop E	Bus stop locati	ion:					
Total Verified Elementary Reimbursable Mileage:			Int	ermediate	Midd	dle		High	
Addit	ional Information:			APPI	ROVED		DE	NIED	