WASHINGTON COUNTY SCHOOL DISTRICT

2026-2027 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.

TRANSPORTATION – IN LIEU OF APPLICATION

STUDENT INFORMATION

Current Physical Address:		
City:	**State:**	**ZIP Code:**
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 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 verified mileage:

CLAIMANT INFORMATION

Parent/Guardian Name:		
Mailing Address:		Phone:
City:	State:	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.	
Signature of Parent/Guardian:	Date:
Signature of Transportation Director:	Date:

DATE RECEIVED:	**TERMINATION DATE:**			**-FOR OFFICE USE ONLY -**
Reimbursement to/from ☐ School ☐ Bus Stop	Bus stop location:			
Total Verified Reimbursable Mileage:	Elementary	Intermediate	Middle	High
Additional Information:		APPROVED ☐	DENIED ☐	