

PINELLAS COUNTY SCHOOLS  
**ISOLATED TRANSPORTATION REIMBURSEMENT APPLICATION**

**Please Print**

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ ESE Program \_\_\_\_\_ Date of IEP Mtg. or Conf. \_\_\_\_\_

School Assignment \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

I understand that the above-named child is dependent upon me for transportation and that ESE services may be provided. I agree to arrange for and provide transportation with the understanding that the amount of reimbursement from the School Board is to cover the travel expenses incurred. I also understand the following conditions and that I will:

- a. Only be reimbursed for one round trip from the residence to the school and school to home.
- b. Be reimbursed at \_\_\_\_\_ cents a mile, and the official mileage is verified by Transportation.
- c. Not be reimbursed until the School Board has approved the initial Isolated Transportation request.
- d. Certify the vehicle which will be used for this transportation is insured in accordance with School Board policy.
- e. Good for only one fiscal year (July 1 - June 30).
- f. Any request for reimbursement received after June 30 of the school year will not be honored.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**PLEASE MAIL CHECKS TO:**

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

\*\*\*\*\*

**TO BE COMPLETED BY TRANSPORTATION DEPARTMENT/ SUPERINTENDENT**

The mileage was verified on \_\_\_\_\_ Date \_\_\_\_\_ Director of Transportation \_\_\_\_\_ Date \_\_\_\_\_

to be \_\_\_\_\_ miles from school to home

\_\_\_\_\_  
Superintendent or Designee

\_\_\_\_\_  
Date