

PINELLAS COUNTY SCHOOLS  
ISOLATED TRANSPORTATION VOUCHER

**Please Print**

Student's Name \_\_\_\_\_ School Assignment \_\_\_\_\_

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

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list below the dates and mileage for a round trip from point of origin (your address), to point of destination (school assignment for the month indicated below).

**SELECT ONE MONTH**

**Jan    Feb    Mar    Apr    May    Jun**  
**Jul    Aug    Sept    Oct    Nov    Dec**

	Date	AM From Home	To School	MILES	PM From School	To Home	MILES
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							

**MONTHLY TOTAL MILES** \_\_\_\_\_

I hereby certify or affirm that the above mileage was actually incurred by me as necessary for transportation for my child from my home to his/her assigned school or bus stop.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify or affirm that to the best of my knowledge, the above student was in attendance on the days indicated by the parent.

ESE Transportation Coordinator \_\_\_\_\_ Date \_\_\_\_\_

**Return all forms to Transportation Department @  
WPSC 11111 S. Belcher Rd.  
Largo, FL 33773**