

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

The mileage was verified on _____ Date _____ Director of Transportation _____ Date _____

to be _____ miles

by: _____ Associate Superintendent, Operational Services _____ Date _____

Vendor # _____ Date of School Board Approval _____