

TRANSPORTATION REIMBURSEMENT APPLICATION

INDEPENDENT SCHOOL DISTRICT NO. 621

Mounds View Public Schools

4570 Victoria St N

Shoreview, MN 55126

The undersigned does hereby apply for transportation reimbursement aid from Independent School District No. 621 for transporting the listed student(s) attending an eligible non-public school outside of the district.

Please complete all the information and **return before the last day of school** to the Mounds View Schools Transportation Office at the above address.

Student's Name	Grade	Student's Name	Grade

School Attended _____

The applicant agrees to meet the conditions listed:

1. To submit a copy of an insurance certificate to verify coverage of the vehicle used to transport the students, if the family is transporting by automobile. **No payment will be made without receipt of proof of insurance to include make and model.** If student is transported through a contracted bus service, submit a copy of the bus route and provide the name of the bus company providing the service. (Contact your school for a copy of your bus route.)
2. Transportation will be provided as listed below:

Year, Make, And Model of The Vehicles :	Bus Company & Route Number :

3. To provide legally licensed, qualified and insured drivers.
4. To provide transportation in vehicles that at all times will conform to standards and legal requirements of the State of Minnesota
5. To provide transportation for the listed non-public school student(s) for one trip per school day to and from the listed school.

I, the applicant, have read and understand the above conditions and declare the foregoing is a correct claim.

Date

Day Telephone Number

Applicant's **Signature**

PRINT Applicant's Name

Applicant's **Address**

REIMBURSEMENT INFORMATION
Reimbursement will be \$139.00 per student.

*Please keep a copy of your submitted reimbursement application for your records.

Christine Coderre, Transportation Manager