

PAYMENT IN LIEU OF TRANSPORTATION

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Whenever any pupil lives more than one and one-half (1 1/2) miles from any established bus stop, or from the school of attendance, as designated by the Board of Trustees, and such pupil is regularly transported by private vehicle not under contract with the school district, the Board shall pay to the parent or guardian an amount per month for mileage at the current rate established by the Board of Trustees for each round trip approved.

Payments in lieu of transportation are made each month after the regular scheduled Board of Trustees meeting. This meeting is the 3rd Monday of each month except when 3rd Monday is a holiday.

In order to facilitate these payments, at the end of each calendar month, it is required that each qualifying applicant send one of the enclosed forms confirming eligibility of payment. If this statement is not send, further payments will not be made.

DATE AMENDED 12-18-89

Adopted: 8/20/07

Revised: 9/17/07

APPLICATION FOR TRANSPORTATION COMPENSATION
Made in lieu of bus transportation

Mr./Mrs. _____ Social Security No. _____

Address _____

Resides in a non-transportation zone and hereby requests payment in lieu of transportation subject to the following conditions: Applicant resides at least 1 ½ miles from school or the nearest bus route (measurement starts at the intersection of private driveway and county road/highway). Payment is based upon the number of miles applicant lives from the nearest bus route or school, whichever is nearest the home of the applicant. At least one student in the family must attend school if the applicant is to be compensated for that day. Kindergarten students are not eligible.

Student's Name	Grade	Age	Miles to School	Miles to Nearest Bus Stop

Legal description of residence:

I hereby certify that the children for whom we are applying for payment in lieu of transportation are being transported to and from school by us or by the assignee every day.

_____ Applicant's Signature _____ School Attending _____ Date Enrolled

ASSIGNMENT

KNOW ALL MEN BY THESE PRESENT THAT we _____ of _____
(name of Parent/Parents) (residence of Parent)

for and in consideration of school transportation furnished our children _____
(children's names)

_____ during school year _____ by _____,
(driver's name) (driver's Soc. Security No)

hereby assign to the driver all payments made in lieu of bus transportation due us during the said school year. In the event that the above named assignee is removed, this assignment shall be transferred to the named successor so long as the students are transported.

IN WITNESS WHEREOF, we have set our hand this _____ day of _____, _____

Parent's Signature _____ Parent's Signature _____

REQUEST FOR REIMBURSEMENT MUST BE MADE AT THE END OF EACH MONTH

REQUEST FOR REIMBURSEMENT

Date _____

Month _____

1. As of the above date my child/children are being transported to the nearest bus or to the nearest school. This mileage being stated on the original application.
2. As of the above date my child/children are still eligible for Board and Room payments and staying with the same host family as stated on application.

**Please fill this out after the end of each month and mail to: Mountain View School District #244
714 Jefferson St.
Grangeville, Idaho 83530**

Assignee's Name

Parent's Signature

Address of Assignee

Address of Parent

Telephone Number of Assignee

Telephone Number of Parents

***NOTIFY THE DISTRICT OFFICE IMMEDIATELY IF ASSIGNEE CHANGES!**

****RETURN AT THE END OF EACH MONTH FOR PAYMENT.**