TCSD #1 Application for Reimbursement for Private Transportation or Maintenance Of Isolated Pupils

General Instructions: Please follow guidelines and review documents of Wyoming State Statute 21-4-401, Wyoming Department of Education Chapter 20 Section 9, and TCSD Board of Education Policy EEAA-R. In no case can the amount claimed exceed the actual costs incurred by the pupil or his/her parent or legal guardian. Do not include any costs for which reimbursement has been or will be claimed under the special education provisions of the School Foundation Program.

Name of Applicant (Parent or Guardian)	**Isolated Address (Street, RR, or Road, City, State, Zip)**

Email Address	**Phone Number**	**Mailing Address (if different than Isolated Address)**

Reimbursement is requested for the following pupil(s):

Pupil Name	Age	Grade	School of Attendance

PLEASE NOTE: TCSD #1 does not provide transportation service or reimbursement for after school activities

Please state the reason the applicant qualifies for isolation reimbursement:

_____

_____

_____

Mileage Reimbursement for Personal Vehicle	Monthly Maintenance for Isolated Pupil(s)* *Only fill out if applicable
Reimbursement under this section must be based on actual miles traveled by one vehicle, in one school day, regardless of the number of pupils transported in that vehicle; excluding the first two (2) miles traveled each way. **Please attach map**	**NAME OF STUDENT(S)** **AMOUNT REQUESTED:** _____ _____ _____ _____

Max AM Miles	Max PM Miles	Max Daily Miles		Will START Bus be utilized? ($4.20/ride)
				YES NO

I certify that the above claims are true and correct to the best of my knowledge and belief. I further certify that the family residing in the isolated location, listed in the family address space at the top of this form, is necessary for the family's financial well being.
Signature of Applicant: **Date:**
Authorized Board Signature: **Date:**

Comments (Board Use ONLY):