

**TRANSPORTATION REIMBURSEMENT FORM  
LESS THAN 1.5 MILES FROM SCHOOL**

All parents are entitled to a reimbursement from the state for driving their child(ren) to school each day. If you live LESS than 1.5 miles from St. Agnes School, you must have an approved Serious Safety Hazard on file with the Regional Office of Education. If you have that approval, please complete THIS side of the form and return it to school as soon as possible. Your information will be submitted to the state and a state check should be sent to you by the end of December of the next school year.

I, \_\_\_\_\_, have an approved Serious Safety Hazard on file with the Regional Office of Education. The approval expires during the \_\_\_\_\_ school year.

Social Security Number \_\_\_\_\_

\_\_\_\_\_

Print your name as it appears on your social security card.

Current home address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of child(ren) at St. Agnes in Grades Kindegarten-8 \_\_\_\_\_

EXACT mileage from home to school \_\_\_\_\_

Today's date \_\_\_\_\_

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Office Use Only

Transportation Verification

Date Received \_\_\_\_\_ Family Name \_\_\_\_\_

Date entered in system \_\_\_\_\_ School Official \_\_\_\_\_

**TRANSPORTATION REIMBURSEMENT FORM  
MORE THAN 1.5 MILES FROM SCHOOL**

All parents are entitled to a reimbursement from the state for driving their child(ren) to school each day. If you live MORE than 1.5 miles from St. Agnes School and this can be verified by MapQWuest.com, please complete THIS side of the form and return it to school as soon as possible. Your information will be submitted to the state and a state check should be sent to you by the end of December of the next school year.

Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Print your name as it appears on your social security card.

Current home address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of child(ren) at St. Agnes in Grades Kindegarten-8 \_\_\_\_\_

EXACT mileage from home to school \_\_\_\_\_

Today's date \_\_\_\_\_

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Office Use Only

Transportation Verification

Date Received \_\_\_\_\_ Family Name \_\_\_\_\_

Date entered in system \_\_\_\_\_ School Official \_\_\_\_\_