

Dayville School District 16J

Code: **EEAA-AR**
Revised/Reviewed: 11/09/04; 10/11/11
Orig. Code(s): EEAA-AR

Payment in Lieu of Transportation**

Student's Name: _____

Student's Grade: _____

Parent's Name: _____

Parent's Address: _____

Mailing: _____

Miles from home to scheduled bus stop: _____

Miles from home to school: _____

I, the undersigned, affirm that the information given on this form is true and accurate to the best of my knowledge.

I further understand that mileage will only be reimbursed for to and from school and that non-reimbursable activities, such as athletics, will not be reimbursed.

Signature of Parent

Date

Approved Date

Superintendent's Signature