

**Payments in Lieu of Transportation Agreement**

Students Name: \_\_\_\_\_ Student’s Grade: \_\_\_\_\_

Parent’s Name: \_\_\_\_\_

Parent’s Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

The closest designated collection point is (describe): \_\_\_\_\_

Miles from home to the designated closest collection point (one-way miles): \_\_\_\_\_

I, the undersigned, affirm that the information given in this form and on all mileage reimbursement requests that I submit, are true and accurate to the best of my knowledge.

I further understand that mileage will only be reimbursed for actual transportation that I provide for my student(s), up to one round-trip per day, to and from school, and that nonreimbursable activities, such as athletics, will not be reimbursed.

I further understand that bus routes, which impact other families, are created and scheduled based on my decision to participate in this agreement. Because of this, I agree to provide thirty (30) days written notice to both the appropriate bus supervisor and the superintendent if at any time I wish to cancel this agreement.

The district reserves the right to cancel this agreement at any time without notice.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Transportation Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent’s Signature

\_\_\_\_\_  
Final Approved Date

PAYMENT IN LIEU OF TRANSPORTATION  
**MONTHLY MILEAGE SHEET**

Parent Name and Address:

Sherman County School District  
 65912 High School Loop  
 Moro, OR 97050  
 (541) 565-3500 | Fax: (541) 565-3319

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MONTH:			TOTAL MILES DRIVEN:					
Date	Miles Drive		Date	Miles Drive		Date	Miles Drive	
	To	From		To	From		To	From

I, the undersigned parent, affirm that the mileage given on this form is a true and accurate account of authorized miles driven as described in Sherman County School Board Policy EEAA and EEAA-AR.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transportation  
 Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for parents.** Each month, complete and sign a copy of this form. Forward completed form to Mid Columbia Bus Company, Attn: Transportation Director. The Transportation Director will sign and forward this document to Sherman County School District. Payment shall be made within thirty (30) days of receipt by the District Office.