

Transportation Parental Reimbursement Form

Fax form to: (305) 251-8502 Office: (305) 234-3365

Parent _____ Tel _____ Email _____

Social Security _____ Driver's License _____ Exp. _____

Student _____ (last name) _____ (first name) ID _____ Grade _____

Residence Address _____

Alternate Address (if applicable) _____

School Requested Loc. # _____ School Name _____

Program _____ Special Requirements _____

IMPORTANT: All applicable fields above must be filled out to avoid delays. Submitting this form in no way constitutes a promise or agreement to provide reimbursement until funding is approved by M-DCPS. Parental reimbursement is provided only for days a student attends school. Allow approximately 3 months for reimbursement to begin.

Signature Date

M-DCPS SPED / SPED Pre-K

Staff Specialist _____ Tel: _____ Fax: _____ Date _____

Transportation Department

Mileage: _____ Rate Per Mile _____ Trips per Day _____ Total funding per Day _____

Date form received: _____ Date Parental Reimbursement begins: _____

Notes _____

Administrative Director Approval Date