

# BSD #7 Parent Transportation Mileage Request Form (Monthly)

Parent/Guardian Name: \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 School Year: \_\_\_\_\_  
 Month: \_\_\_\_\_

Student(s) Name:	Grade	Check one school box for each student			
		TT/PK	TMES	TMMS	TMHS

*Mileage will be made to the parents of students who reside more than 2 miles from the school.  
 Reimbursement will be issued only to the parent/guardian responsible for transportation of the students.  
 Monthly mileage must only include the distance between the front door of the student's residence  
 and the front door of the school attended by the student, using the most direct public route.*

<b>Total # of Miles from front door of home to front door of school x 2</b>	
<i>(Total miles validated by school transportation official)</i>	
<b>Total # of School Calendar days transported to school</b>	
<i>(Number of days validated by school attendance)</i>	
<b>Mileage rate \$ .56 pr mile</b>	0.56
<b>Mileage Reimbursement Total (Total miles x school days attended for the month)</b>	\$

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 School Attendance \_\_\_\_\_ Date \_\_\_\_\_  
 Transportation Official \_\_\_\_\_ Date \_\_\_\_\_  
 School Principal \_\_\_\_\_ Date \_\_\_\_\_