

PARENT REQUEST FOR PERSONAL TRANSPORTATION REIMBURSEMENT

Families are required by the Illinois School for the Deaf to transport their child to school in the fall to register, and also to pick them up at the end of the school year in the spring. Per Article 29-3 of the Illinois School Code and provisions in ISD students' Individualized Education Programs (IEPs), families are eligible for mileage reimbursement from their local school district.

(PLEASE PRINT)

Please reimburse transportation expenses for (indicate date): _____

Student's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Social Security Number: _____

Home Address: _____

School Student Attends: Illinois School for the Deaf
Address of School: 125 S. Webster Avenue
Jacksonville, Illinois 62650

Auto Mileage: Total one way miles _____ X \$0.57.5 per mile = \$ _____

Reimbursement is limited to one round trip per year (one way for bringing your child in August and one way for picking them up in May).

SIGNATURE OF PARENT/GUARDIAN: _____

SCHOOL PRINCIPAL/DIRECTOR'S SIGNATURE: _____