

NOTICE TO PARENTS/GUARDIANS

Parent(s) or legal guardian(s) who must provide transportation to and from school **because free transportation is not available for their children** may be eligible to receive money from the state to help offset some of the cost, for example, bus fares, or mileage reimbursement for private automobiles at .50.5 cents per mile.

If you can answer **yes** to the following questions for the 2008-2009 school year, you may be eligible to receive reimbursement for providing such transportation.

- 1) Will the pupil be under the age of 21 at the close of the school year?
- 2) Is the pupil a full-time student in grades kindergarten through 12?
- 3) Does the pupil either live 1 1/2 miles or more from school or live less than 1 1/2 miles from school but **must be transported** due to a serious safety hazard approved by the Illinois Department of Transportation? (See following paragraphs.)
- 4) Does the pupil attend a school within Illinois which meets Illinois compulsory attendance laws?
- 5) Did the parent/guardian incur transportation expenses resulting from transporting the pupil to and from school?

If you answered yes to the above questions, lived in Illinois and wish to file a claim, you must go to the school where each of your children is enrolled by May 15, 2009, to submit claim information. You may provide claim information to appropriate school personnel at your child's attendance center until May 15, 2006.

In addition, parent(s)/guardian(s) who have pupils living **less than 1 1/2 miles** from the school attended must verify that a safety hazard due to vehicular traffic exists by completing an Application for Determination of Serious Safety Hazards. Parents can obtain a copy of the Application for Determination of Serious Safety Hazards from the Office of the Regional Superintendent of Schools for the county in which they reside **except** parents residing within the City of Chicago. Chicago residents can receive a copy of the Application for Determination of Serious Safety Hazards from the Illinois State Board of Education, Division of Funding and Disbursement Services, 100 North First Street, Springfield, IL 62777. All applications for Determination of Serious Safety Hazards must be received no later than February 1, 2006, at the office from which the application was requested. Example: ISBE (Chicago residents), ROE (Illinois residents other than those residing in Chicago). The Regional Superintendent of Schools is required to send the Application to the Illinois Department of Transportation within 15 days. The Illinois Department of Transportation reviews and approves or denies the application and returns it to the Regional Superintendent of Schools within 30 days. Upon receipt of the reviewed application, the Regional Superintendent of Schools will mail it to the parent/guardian who requested the safety hazard be verified. **If the safety hazard is approved, the parent/guardian must go to the school the pupil attends to submit claim information.** Parents who received verification of a safety hazard during and after the 2000-2001 school year, whose children attend the same school and live at the same address do not have to reapply for safety hazard verification.

Once all claim information is submitted at the school, it will be transmitted electronically to the Illinois State Board of Education. If your claim information is approved, you should receive a check directly from the state for the lesser of the cost of transporting your child/children or the average per pupil reimbursement paid to public schools for transporting regular education pupils. If insufficient funds are appropriated by the General Assembly, all claims will be prorated. If you have any questions, please call or come to the school as soon as possible.

Please return the attached to St. John Fisher School by May 15th.

PARENT/GUARDIAN CERTIFICATION

Under penalties of law and for the purpose of obtaining reimbursement from the State of Illinois, I hereby, by my signature, certify as follows:

1. I am the parent or legal guardian of the pupils whose expenses I have claimed on this form;
 2. During the school year for which this claim is being made, these pupils attended regularly scheduled day-time classes as full-time students in grades kindergarten through 12 at the Illinois public or nonpublic school listed on this form;
 3. These pupils either 1) lived 1½ miles or more from the school attended, or 2) lived within 1½ miles from the school attended and I, the parent or legal guardian, have written verification from the Illinois Department of Transportation that a serious safety hazard exists. This verification is valid for four years if conditions have not changed to the extent that the original Illinois Department of Transportation approval would be affected.
 4. These pupils did not have access to transportation to and from school provided entirely at public expense.
 5. I paid the amount which I have claimed on this form to transport these pupils to and from school during the school year for which this claim is being made; and
 6. If requested within three years of the payment of this claim, I will provide the school or the State Board of Education with:
 7. Under penalties of perjury, I certify that the number shown on this form is my correct social security number.
 - a. Records verifying my expenditures as claimed on this form or an affidavit verifying my expenditures as claimed on this form; and
 - b. If this claim is a result of a verified serious safety hazard, a copy of the notice from the Illinois Department of Transportation verifying the serious safety hazard, valid for the school year being claimed and the home address and school listed on the claim.
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Parent/Guardian State Pupil Transportation Reimbursement Claim
2008-2009 School Year
General Instructions

These instructions must be used if your school chooses to make a claim log sheet available for the Parent/Guardian Transportation Reimbursement Claim. This information will be entered electronically by school personnel. All information on this claim log sheet should be printed clearly. All information must be completed in order for your claim to be processed and paid. The parent/guardian must provide this information to school personnel, **IT IS NOT ACCEPTABLE FOR SCHOOL PERSONNEL TO FILL IN ANY OF THIS INFORMATION FOR THE PARENT/GUARDIAN.**

CLAIMS MUST BE COMPLETED, SIGNED and RETURNED TO SCHOOL NO LATER THAN MAY 15th.

ITEM NAME ON FORM	EXPLANATION
NAME (Last, First)	PRINT you last name, leave a space then PRINT your first name. DO NOT use nicknames. DO NOT use your spouse's name. DO NOT enter your child's name. The name entered must be the name of the parent/guardian completing and signing the claim form. The name MUST match the name printed on your social security card.
STREET ADDRESS, CITY, STATE AND ZIP CODE	This is the address to which your reimbursement check will be mailed. PRINT your complete street address of your residence with the name of the city, state and zip code.
SOCIAL SECURITY NUMBER	Enter YOUR nine-digit social security number in the boxes provided. This should be the social security number of the parent/guardian whose name is listed on this form and who signs this claim. DO NOT enter your child's social security number. DO NOT enter your spouse's social security number. The social security number MUST match the name printed on the left. Reimbursement will not be issued without the social security number.
NUMBER OF PUPILS	Enter the number of children for whom you are claiming transportation reimbursement who attend this school . You may claim reimbursement for YOUR child(ren) only.
CLAIM AMOUNT	To determine the claim amount: Multiply the mileage by four Then multiply the total by 0.505 cents Then multiply the total by the number of 176 (number of school days)
Check One: <input type="checkbox"/> 1 ½ or more miles from school	<input type="checkbox"/> Less than 1 ½ miles from school with a current and properly verified serious safety hazard. You must have already applied for an approval of a safety hazard by February 1, 2009 with the ISBE.
Signature of Parent or Guardian	
Date	