

**DO NOT MAIL.
CLAIM INFORMATION MUST
BE SUBMITTED AT SCHOOL
ELECTRONICALLY.**

ILLINOIS STATE BOARD OF EDUCATION
Division of Funding and Disbursement Services
www.isbe.net

**PARENT/GUARDIAN
STATE PUPIL TRANSPORTATION REIMBURSEMENT
LOG SHEET**

SCHOOL COPY

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:

- I am the parent or legal guardian of the pupils whose expenses I have claimed on this form;
- 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;
- 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.
- These pupils did not have access to transportation to and from school provided entirely at public expense;
- 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
- If requested within three years of the payment of this claim, I will provide the school or the State Board of Education with:
 - Records verifying my expenditures as claimed on this form or an affidavit verifying my expenditures as claimed on this form; and
 - 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.
- Under penalties of perjury, I certify that the number shown on this form is my correct social security number.

PAGE NO.

1	NAME (Last, First)		SOCIAL SECURITY NUMBER		CHECK ONE: (proper box must be checked to qualify)	<input type="checkbox"/> 1½ or more miles from school	<input type="checkbox"/> Less than 1½ miles from school with a current and properly verified serious safety hazard. (See item number 3 under Parent/Guardian Certification.)
	STREET ADDRESS		NUMBER OF PUPILS		SIGNATURE OF PARENT/ GUARDIAN (attests to above certification)		
	CITY, STATE ZIP CODE		CLAIM AMOUNT	\$.	DATE		
2	NAME (Last, First)		SOCIAL SECURITY NUMBER		CHECK ONE: (proper box must be checked to qualify)	<input type="checkbox"/> 1½ or more miles from school	<input type="checkbox"/> Less than 1½ miles from school with a current and properly verified serious safety hazard. (See item number 3 under Parent/Guardian Certification.)
	STREET ADDRESS		NUMBER OF PUPILS		SIGNATURE OF PARENT/ (attests to above certification)		
	CITY, STATE ZIP CODE		CLAIM AMOUNT	\$.	DATE		
3	NAME (Last, First)		SOCIAL SECURITY NUMBER		CHECK ONE: (proper box must be checked to qualify)	<input type="checkbox"/> 1½ or more miles from school	<input type="checkbox"/> Less than 1½ miles from school with a current and properly verified serious safety hazard. (See item number 3 under Parent/Guardian Certification.)
	STREET ADDRESS		NUMBER OF PUPILS		SIGNATURE OF PARENT/ (attests to above certification)		
	CITY, STATE ZIP CODE		CLAIM AMOUNT	\$.	DATE		
4	NAME (Last, First)		SOCIAL SECURITY NUMBER		CHECK ONE: (proper box must be checked to qualify)	<input type="checkbox"/> 1½ or more miles from school	<input type="checkbox"/> Less than 1½ miles from school with a current and properly verified serious safety hazard. (See item number 3 under Parent/Guardian Certification.)
	STREET ADDRESS		NUMBER OF PUPILS		SIGNATURE OF PARENT/ (attests to above certification)		
	CITY, STATE ZIP CODE		CLAIM AMOUNT	\$.	DATE		
5	NAME (Last, First)		SOCIAL SECURITY NUMBER		CHECK ONE: (proper box must be checked to qualify)	<input type="checkbox"/> 1½ or more miles from school	<input type="checkbox"/> Less than 1½ miles from school with a current and properly verified serious safety hazard. (See item number 3 under Parent/Guardian Certification.)
	STREET ADDRESS		NUMBER OF PUPILS		SIGNATURE OF PARENT/ (attests to above certification)		
	CITY, STATE ZIP CODE		CLAIM AMOUNT	\$.	DATE		
6	NAME (Last, First)		SOCIAL SECURITY NUMBER		CHECK ONE: (proper box must be checked to qualify)	<input type="checkbox"/> 1½ or more miles from school	<input type="checkbox"/> Less than 1½ miles from school with a current and properly verified serious safety hazard. (See item number 3 under Parent/Guardian Certification.)
	STREET ADDRESS		NUMBER OF PUPILS		SIGNATURE OF PARENT/ (attests to above certification)		
	CITY, STATE ZIP CODE		CLAIM AMOUNT	\$.	DATE		
7	NAME (Last, First)		SOCIAL SECURITY NUMBER		CHECK ONE: (proper box must be checked to qualify)	<input type="checkbox"/> 1½ or more miles from school	<input type="checkbox"/> Less than 1½ miles from school with a current and properly verified serious safety hazard. (See item number 3 under Parent/Guardian Certification.)
	STREET ADDRESS		NUMBER OF PUPILS		SIGNATURE OF PARENT/ (attests to above certification)		
	CITY, STATE ZIP CODE		CLAIM AMOUNT	\$.	DATE		
8	NAME (Last, First)		SOCIAL SECURITY NUMBER		CHECK ONE: (proper box must be checked to qualify)	<input type="checkbox"/> 1½ or more miles from school	<input type="checkbox"/> Less than 1½ miles from school with a current and properly verified serious safety hazard. (See item number 3 under Parent/Guardian Certification.)
	STREET ADDRESS		NUMBER OF PUPILS		SIGNATURE OF PARENT/ (attests to above certification)		
	CITY, STATE ZIP CODE		CLAIM AMOUNT	\$.	DATE		
9	CERTIFICATION: I hereby attest that I am an official of the public or nonpublic elementary or secondary school listed above; that attendance at our school satisfies the Illinois compulsory attendance law (Section 26-1 of the School Code); that the number of students listed on this claim form attended regularly scheduled day-time classes as full-time students at the school during the school year specified at the top of the form; and that these students did not have access to transportation to and from school provided entirely at public expense.				_____ Date	_____ Signature of Authorized School Official	