

ILLINOIS STATE BOARD OF EDUCATION
 Division of Funding and Disbursement Services
 100 North First Street, E-320
 Springfield, Illinois 62777-0001
 www.isbe.net

**PARENT/GUARDIAN
 STATE PUPIL TRANSPORTATION REIMBURSEMENT**

Non-Public Home School

School Year 200__ – 200__

LOG SHEET

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.

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		

(PLEASE PRINT)

TO BE COMPLETED BY THE CERTIFYING HOME SCHOOL INSTRUCTOR

REGISTERED HOME SCHOOL INSTRUCTOR _____

ADDRESS _____
 STREET CITY STATE ZIP CODE

TELEPHONE NUMBER _____

I certify that I have registered as an Illinois Home School by filing a Home School Registration form with the Illinois State Board of Education Division of Data Analysis and Progress Reporting.

I have provided home school instruction to the pupil(s) for the parent(s) filing this Parent/Guardian Transportation claim in the English Language in one or more of the following areas Per Section 26-1.1 of the Illinois School Code: Language Arts, Mathematics, Biological/Physical Science, Social Sciences, Fine Arts or Physical Development/Health.

SIGNATURE _____ DATE SUBMITTED _____

MAIL TO:

Illinois State Board of Education
 Division of Funding and Disbursements
 100 North First Street, E-320
 Springfield, IL 62777-0001