



Illinois State Board of Education

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www.isbe.net

Jesse H. Ruiz
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State Superintendent of Education

MEMORANDUM

DATE: February 2009

TO: Public and Nonpublic School Administrators
Public School District Superintendents
Regional Superintendents
Catholic Dioceses

FROM: Tim Imler, Division Administrator
Division of Funding and Disbursement Services

SUBJECT: Parent/Guardian State Pupil Transportation Reimbursement Electronic Claims for the 2008-2009 School Year

In October, 2008, a memorandum was sent regarding the Parent/Guardian State Pupil Transportation Reimbursement Program and Serious Safety Hazard requirements. This information was to be distributed by schools to parents by November 3, 2008. Information and procedures related to the Parent/Guardian State Pupil Transportation Reimbursement Program electronic claims are enclosed. These materials include:

1. **Procedures for Schools Completing and Electronically Transmitting the Parent/Guardian State Pupil Transportation Reimbursement Claims for the 2008-2009 School Year.**

Parent/Guardian State Pupil Transportation Claims for the 2008-2009 school year are required to be filed electronically via the Parent/Guardian Transportation System located within Illinois State Board of Education (ISBE) Web Application Security (IWAS) located on the ISBE homepage at www.isbe.net. If you have questions about accessing the system in IWAS please contact the ISBE Helpdesk at 217-558-3600. **No paper claim forms will be printed by ISBE for schools unless Internet service is unavailable.**

Parents should not request an IWAS account; however, they may complete claim information at a computer station made available at your school. **ALL CLAIMS MUST BE TRANSMITTED TO ISBE ELECTRONICALLY BY THE SCHOOL OR DISTRICT ADMINISTRATOR.**

Parents must provide 2008-2009 school year claim information to school personnel to be entered into the Parent/Guardian Pupil Transportation Claim system on or before **June 30, 2009**. School administrators must transmit parent information to ISBE on or before July 31, 2009. Guaranteed payment cannot be made for claims transmitted or received **AFTER** July 31, 2009.

2. **Instructions for Parents/Guardians Completing the Parent/Guardian State Pupil Transportation Reimbursement Claim for 2008-2009 School Year.**

English and Spanish versions of these instructions should be available and accessible when parents/guardians are completing information for the claim at the school(s) where their child(ren) attend(s).

3. **Parent/Guardian State Pupil Transportation Reimbursement Claim Notice to Parents**

This notice, included at the end of this memorandum, can be used for distribution to all parents to satisfy parent/guardian notification requirements. The material is presented in a manner and format that allows for easy duplication.

Schools may provide a computer station for parents/guardians to complete claim information which will be transmitted electronically by schools on the parents/guardians behalf, or schools may elect to print a claim log sheet, which can be accessed via IWAS, for parents/guardians to complete. **The claim log sheet should only be used as a working document to collect parent data and should be retained at the school for clean-up of potential errors. School personnel must then enter the parent claim data from the claim log sheet into the Parent/Guardian Transportation Reimbursement System.**

Please encourage your staff to review the claim log sheet completed by parents to ensure that all information provided is complete and legible. **We also suggest that an accurate list of students claimed by each parent/guardian on the paper claim is kept at the school for future reference in cases where parent name and student name is different.** This will greatly reduce editing problems and the need to contact the parent for missing or unclear information, and will lessen the staff time needed for electronically processing these claims.

If you have any questions concerning the Parent/Guardian State Pupil Transportation Reimbursement claiming process, please contact Larry Wilson or Leslie Clay, Illinois State Board of Education, Division of Funding and Disbursement Services at 217/782-5256.

**Procedures for Schools Completing and Electronically Transmitting the
Parent/Guardian State Pupil Transportation Reimbursement Claims
2008-2009 School Year**

Please follow the procedures outlined below.

A. Guidelines

1. Please notify the parents/guardians of the eligibility criteria (see sample notices in English and Spanish to which you may add information) and the availability of the program. Parents/guardians must go to each school their child(ren) attend(s) to complete the claims. This includes both parents who live 1 1/2 or more miles from the school and parents who live less than 1 1/2 miles from school with an approved safety hazard. Parents/guardians may complete the paper claim or type and save claim information at a computer station provided at the school, but **school personnel must electronically transmit claims on the parents' behalf.**
2. Please designate an authorized representative to assist parents/guardians and review claims to ensure they are **complete and legible**, to complete the electronic claim, and to respond to inquiries that may be sent back to the school for error corrections.
3. Please make claim log sheet forms (ISBE 54-13) and the instructions available to the parent/guardian during your normal school office hours and at parent meetings and parent conferences if you choose not to make a computer station available for parents to enter their claim data.
4. Please assist parents/guardians in completing the electronic claims or claim log sheets. **Emphasize the need to be thorough and legible.** The actual cost of transportation should be included for all eligible students at the respective school. Review each entry with the parent/guardian to ensure an acceptable claim. This will lessen the time required for school staff to complete and electronically transmit the Parent/Guardian State Transportation Reimbursement claims through IWAS.
5. **Only allow parents/guardians who had children attending your school during the 2008-2009 school year to complete the claim.**

B. Instructions for Schools

1. Read and review the instructions for completing the claim to enable you to assist parents/guardians.
2. Read the Certification at the end of the claim and review all parent/guardian entries to make sure those children meet the conditions of the certification.
3. Completed claims should be electronically transmitted by schools to ISBE via the Web Application Security (IWAS), **no later than July 31, 2009.** NOTE: Parents/guardians who complete and sign or certify the claim after June 30, 2009, will have their claim denied based upon the timelines specified in Section 29-5.2 of the School Code. Also, parents/guardians who live less than 1.5 miles from the school must have an approved serious safety hazard. February 1, 2009 was the deadline for the parents/guardians to submit an Application for Serious Safety Hazard.

4. The completed paper claim log sheet (ISBE 54-13) must be retained at the respective school office. **We also suggest that an accurate list of students claimed be kept with the completed paper claim log sheet (ISBE 54-13) for future reference in the event errors are made that need to be addressed after the information is submitted to ISBE (e.g. in cases where parent name and student name is different).**

PLEASE REVIEW AND FOLLOW THE INSTRUCTIONS CAREFULLY.

C. Instructions for Accessing the ISBE Web Application Security (IWAS) for Parent/Guardian State Pupil Transportation Reimbursement System

- **School Document Author** – School clerical staff - enters data for the Parent/Guardian State Pupil Transportation Reimbursement Claim. Parents may enter claim data at a computer station set up by the school document author. Cannot transmit completed claims to Illinois State Board of Education.
 - **School Administrator** – Principal - can authorize School Document Author, enter claim data for one school only and transmit completed claims to ISBE via IWAS.
 - **District Document Author** – Business Manager - can authorize School Document Author, enter claim data for all schools and transmit completed claims to ISBE via IWAS.
 - **RCDT Administrator** – District Superintendent or Non-Public School Administrator - can authorize School Document Author, School Administrator, and District Document Author to enter and transmit data.
1. Go to Illinois State Board of Education (ISBE) home page at www.isbe.net and click on “IWAS” at the top left hand side of the home page and just beneath the State Seal. IWAS is the security module to access ISBE electronic systems.
 2. If you already have a personal IWAS account, sign in with your login name and password and skip to step #4

NOTE: School or district administrators who have previously setup an IWAS Administrative account do not need these instructions to set up an IWAS account. If your administrator does not yet have an IWAS Administrative account, please contact ISBE at 217/558-3600.

For other school personnel that do not have an IWAS account, click on the “**Sign Up Now**” link to create a new IWAS account. After creating an account, school personnel can request approval access from their school administrator in order to enter claim data (see IWAS user guide located on the left column of the screen). **Parents should NOT sign up, only school or district personnel.**

3. The IWAS link will take you to a page that asks for information such as your name, a login ID, password, and secret question/answer. After completing the requested information, click on “**Continue**” button. You should see a congratulations message. Click on “**Continue**” button.

4. Click on the **“System Listing”** link on the left side of the screen. Locate the **“Parent/Guardian Transportation Reimbursement”** system.
 - If your status for this system is **“Approved”**, skip to #5.
 - If your status for this system is **“Pending – District”**, your School Administrator needs to login and approve your request to use the system.
 - If your status for this system is **“Sign Up Now”**, click the **“Sign Up Now”** button to request authorization to use it. When signing up for a system, please put in your 11 digit Region-County-District-Type code and justification for access. Submit your sign-up request for approval.
5. If you are approved to use the system, choose the **“System Listing”** link from the left side of the screen.
6. Choose the **“Parent/Guardian Transportation Reimbursement”** link.
7. On the Welcome screen, click on the **“Continue”** button.
 - If you choose to make a blank claim log sheet available for the parents to complete, click on **“Blank Form”** to print a blank claim log sheet.
8. Click on **“Add Claim”** button. Enter the social security number of the parent/guardian in the space provided. Please carefully verify the accuracy of the number entered and click on the **“Continue”** button. Data may be entered from the claim log sheets completed and signed by the parents, or if you choose to make a computer station available, the parents may now enter data on this screen. **All information entered must belong to parents/guardians. Do not allow student information to be entered on claim.**

Please note that if the parent/guardian made a claim last year, the name and address will automatically appear on the screen. Verify the accuracy of the information and change if necessary (e.g. address changes). If no changes are necessary, you may skip to the **“Number of Pupils”** field and begin entering information.

- **Use NO punctuation (e.g. no apostrophe’s, dashes or periods)**
- If this is a new parent/guardian claim, you must enter **parent/guardian’s** Last Name, First Name and Address. Be sure to enter the last name of the parent in the Last Name space, the first name of the parent in the First Name space, and a complete address in the Address space.
- Enter **“Number of Pupils”** the parent has **attending your school only**. Parents must complete claim information at each school their child(ren) attends **and cannot claim students from a car pool**.
- Enter the **Claim Amount incurred to transport** the child(ren) attending **this school**. Details of how to calculate the amount are included in the *Instructions for Parents/Guardians Completing the Parent/Guardian Transportation Reimbursement Claim*.
- Click the appropriate **“Mileage from School”**. Please note that the link to Map Quest has been removed. If you wish to verify the mileage for each parent you may choose to access the Map Quest website on your own.

- Enter the date the parent/guardian entered the claim information in the “**Date Signed by Parent**” field.
 - School personnel may enter any comments in the “**School Comments**” field regarding the parent claim that may be helpful if clarification is needed by ISBE staff (e.g. student name is different than parent name, address changes mid-year etc.).
9. Click on the “**Save**” button at the bottom of the screen after all data is entered.
 10. The **Parent/Guardian Certification** will appear. **Clicking OK** indicates that parents have read and certified that all eligibility requirements have been fulfilled.
 - If the parent is entering their own data on the computer, they should read and certify by **Clicking OK**.
 - If the school is entering data from the claim log sheets that the parent has signed, **Click OK**. The parents’ signature on the claim log sheet is the certification that all eligibility requirements have been fulfilled. **The signed claim log sheets should be maintained at the school.**
 11. Click on “**Add Claim**” button to continue entering additional claims and repeat the steps above for each claim added.
 12. The School Administrator, District Document Author or the RCDT Administrator Schools may choose to transmit parent data entered by June 30 to ISBE periodically or annually on or before July 31. A school document author cannot transmit claims directly to ISBE. A more detailed user guide of these instructions can be found on the ISBE homepage at www.isbe.net, IWAS, Parent/Guardian Transportation Reimbursement, Instructions.

**Instructions for Parents/Guardians Completing the
Parent/Guardian State Pupil Transportation Reimbursement Claim
2008-2009 School Year**

General Instructions

These instructions should 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. In addition, 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.**

Each parent/guardian claim record consists of three lines that span the width of the form. The claim must contain the **name and address of the parent/guardian, social security number of the parent/guardian, number of pupils being claimed, total transportation cost/claim amount for those pupils being claimed, eligibility type, parent/guardian signature, and date the claim is being signed.**

The following instructions list each item that must be completed on the claim form. **If you are unsure how to complete the claim, please ask school staff for assistance or clarification.**

ITEM INSTRUCTIONS

Item Name on Form

Explanation

**NAME
(Last, First)**

PRINT your 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, 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

Enter the total cost to transport your child(ren) attending this school. The amount can include cents. The claim amount may include bus fares and other payments made to providers of transportation and/or \$0.505 cents per mile driven when the parent/guardian or student drives to and from the school. To compute mileage reimbursement when driving children to school, multiply the distance between home and school by four then multiply the product by 0.505 cents. This is the daily cost. Then multiply the daily cost by the number of days the child(ren) are driven to school. If the student drives to school, multiply the distance between home and school by two and then multiply the product by 0.505 cents. This is the daily cost. Then multiply the daily cost by the number of days the student drove to school.

CHECK ONE

1 1/2 or more miles from school - If you live 1 1/2 miles or more from this school, this box should be checked.

Less than 1 1/2 miles from school with a verified serious safety hazard - If you live less than 1 1/2 miles from this school, in addition to completing this claim form, you must have already applied for an approval of a safety hazard by **February 1, 2009**, at the Regional Office of Education for your region, unless you already have a safety hazard that was approved during or after the 2005-2006 school year for the same home address and school. An approval for serious safety hazard is valid for four years, beginning with the school year in which the approval is given. If you have received an approval of a safety hazard and live less than 1 1/2 miles from this school, check this box. If this box is checked, records from the Regional Superintendent will be reviewed to verify your eligibility before your claim is paid.

SIGNATURE OF PARENT/GUARDIAN
(attests to certification)

Before signing this claim form, you must read the Parent/Guardian Certification at the top of the form. By signing the form, you are certifying that you meet all eligibility requirements for the reimbursement and that you will maintain proper documentation of your expenses being claimed and verification of a safety hazard if you live less than 1 1/2 miles from this school.

DATE

Enter the date that you have completed and signed/certified this claim form. **Claims must be completed and signed no later than June 30, 2009.**

Claim Processing

NOTE: Parents/guardians must go to the school(s) their child(ren) attend(s) to file a 2008-2009 claim. ALL CLAIMS MUST BE TRANSMITTED ELECTRONICALLY BY THE SCHOOL OR DISTRICT ON BEHALF OF PARENTS OR GUARDIANS via Illinois State Board of Education (ISBE) Web Application Security (IWAS) located on the ISBE homepage at www.isbe.net. If claims are incomplete or contain errors, the school or the Illinois State Board of Education, Division of Funding and Disbursement Services may contact you for further information. Once all claims from the schools are transmitted to ISBE and thoroughly edited, vouchers will be sent to the Office of the State Comptroller to issue checks. Reimbursement checks will be sent directly to the parent, at the address listed on the claim.

If you move from the address listed on the claim before you receive your reimbursement check, please notify the Illinois State Board of Education, Division of Funding and Disbursements Services, 100 North First Street, Springfield, Illinois 62777-0001, Telephone 217-782-5256, FAX 217-782-3910.

**Instrucciones Para Padres/Guardianes Quienes
Solicitan Reembolso por Costos de Transportación
Durante el Año Escolar 2008-2009**

Instrucciones Generales

Estas instrucciones deberán ser utilizadas si su escuela elige formar un registro de formularios disponible para la solicitud de reembolso para padres/guardianes por costos de transportación. Esta información será transmitida electrónicamente por el personal de la escuela. Toda la información en este formulario de solicitud debe de ser **escrita claramente** y con letra de molde. Se debe completar toda la información requerida para poder procesar y pagar su reclamación. Además, el padre/guardián debe proveer esta información al personal de la escuela, **NO ES ACCEPTABLE QUE EL PERSONAL DE LA ESCUELA LLENE ESTA INFORMACION EN EL FORMULARIO PARA EL PADRE/GUARDIAN.**

Cada reclamación en el formulario consiste de tres líneas a lo ancho del documento. La reclamación debe contener el **nombre y el domicilio del padre/guardián, el número de seguro social del padre/guardián, el número de niños que reclama, el costo total para transportar el numero de niños que reclama, el tipo de elegibilidad, la firma del padre/guardián y la fecha en la que la reclamación fue firmada.**

Las siguientes instrucciones le dan una explicación de como se debe incluir la información para cada particular en la reclamación. **Si usted no está seguro de como completar la reclamación, por favor pida asistencia o clarificación al personal de la escuela.**

Instrucciones

Palabra en el formulario

Explicación

**NOMBRE
(Apellido, Nombre)**

Escriba con letra de molde su apellido, deje un espacio y **escriba con letra de molde su nombre. NO USE apodos. NO USE el nombre de su esposo/a. NO PONGA el nombre de su niño/a.** El nombre que se pone debe ser el nombre del padre/guardián quien completa y firma la reclamación. El nombre **DEBE ser igual** que el nombre que aparece en la tarjeta del seguro social.

**DOMICILIO
CIUDAD, ESTADO, ZONA POSTAL**

Este es el domicilio a donde se le enviará su cheque. **EN LETRA DE MOLDE** escriba el nombre de la calle, ciudad, el estado y la zona postal.

NUMERO DE SEGURO SOCIAL

Escriba **los nueve números de su seguro social** en el espacio que se provee. Este debe ser el seguro social del padre/guardián cual nombre aparece en la reclamación y que firma el mismo. **NO incluya el número de seguro social de su hijo/a. NO incluya el número de seguro social de su esposo/a.** El número del seguro social **DEBE corresponder al nombre escrito a la izquierda.** Reembolso no será pagado sin el número del seguro social

NUMERO DE NIÑOS/AS

Escriba el número de niños/as por quienes está reclamando reembolso de transportación y **quienes asisten a la escuela nombrada en la parte de arriba de este formulario.** Puede reclamar reembolso nada más para **SUS hijos.**

CANTIDAD DE RECLAMACION

Escriba la cantidad total de dinero que gastó para transportar a sus niños/as a esta escuela. La cantidad puede incluir centavos. La cantidad de reclamación puede incluir la tarifa de autobús y otros pagos hechos a proveedores de transportación y/o 0.505 centavos por milla si el padre/guardián o el estudiante maneja ida y vuelta a la escuela. Para calcular el reembolso de millas manejadas para llevar a los niños a la escuela, multiplique la distancia entre su casa y la escuela por cuatro, después multiplique el resultado por 0.505 centavos. Esto es el gasto diario. Multiplique el gasto diario por el número de días en que se les ha llevado a los niños a la escuela. Si el estudiante mismo maneja a la escuela, multiplique la distancia entre su casa y la escuela por dos, después multiplique el resultado por 0.505 centavos. Esto es el gasto diario. Multiplique el gasto diario por el número de días en que el estudiante manejó su coche para ir a la escuela.

MARQUE UNO

Una milla y media o más de la escuela. Si Ud. vive a una milla y media o más de la escuela, marque este espacio.

Menos de una milla y media de la escuela con serios peligros de seguridad verificados. Si Ud. vive a menos de una milla y media de la escuela, para poder completar esta reclamación, **Ud. debe de haber solicitado verificación de peligro de seguridad antes de Febrero 1, 2009** en la oficina del Superintendente Regional de escuelas para su región, a menos que Ud. ya haya recibido esta aprobación durante o después del año escolar 2005-2006 para el mismo domicilio y para la misma escuela. **La aprobación para serios peligros de seguridad es valida para cuatro años, comenzando con el año escolar en el cual la aprobación fue dada.** Si Ud. ha recibido dicha verificación de peligro de seguridad y vive a menos de una milla y media de esta escuela, marque aquí. Si este espacio ha sido marcado, archivos del Superintendente Regional serán revisados para verificar su elegibilidad antes que su reclamación será pagada.

FIRMA DEL PADRE O GUARDIAN (Atestigua la certificación)

Antes de firmar esta reclamación, Ud. debe de leer la certificación de padre/guardián en la parte de arriba de este formulario. Al firmar este formulario, Ud. certifica que llena todos los requisitos de elegibilidad para reembolso y que mantendrá propia documentación de los gastos reclamados y de la verificación de peligro de seguridad si Ud. vive a menos de una milla y media de la escuela.

FECHA

Escriba la fecha en que completó y firmó/certifico este formulario. **Este formulario de reclamación debe ser completado y firmado antes del 30 de Junio, 2009.**

Procesamiento de Reclamaciones

NOTA: Los padres/guardianes deben ir a la escuela(s) donde sus hijos asisten para llenar un 2008-2009 formulario. TODOS LOS FORMULARIOS DE RECLAMACIÓN DEBEN SER TRANSMITIDOS ELECTRÓNICAMENTE POR LA ESCUELA O DISTRITO A FAVOR DE LOS PADRES/GUARDIANES vía la Junta de Educación del Estado de Illinois (Illinois State Board of Education) Web Application Security (IWAS) localizado en la pagina de ISBE en www.isbe.net. Si las reclamaciones no están completas o contienen errores, la escuela o el departamento de Reembolso de la Junta de Educación del Estado de Illinois (Illinois State Board of Education) se pondrá en contacto con Ud. para recibir más información. Una vez que todas las reclamaciones del estado sean sometidas a la Junta de Educación del Estado de Illinois (Illinois State Board of Education) y revisadas a fondo se enviarán a la oficina del State Comptroller para expedir sus cheques. Los cheques de reembolso serán enviados directamente al padre a la dirección que puso en el formulario de reclamación.

Si Ud cambia de domicilio antes de recibir su cheque de reembolso, por favor notifique el Illinois State Board of Education, Division of Funding and Disbursement Services, 100 North First Street, Springfield, Illinois 62777-0001, teléfono 217-782-5256, fax 217-782-3910.

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 0.505 cents per mile.

If you can answer **yes** to the following questions for the 2008-09 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?
- 6) Did the pupil not have access to transportation to and from school provided entirely at public expense?
- 7) Did the parent/guardian reside within Illinois during the time period expenses were incurred?

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 June 30, 2009, to submit claim information. You may provide claim information to appropriate school personnel at your child's attendance center until June 30, 2009.

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, 2009, 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 2005-2006 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.

AVISO A LOS PADRES O GUARDIANES

Los padres o guardianes legales quienes deben proveer transportación de ida y vuelta a la escuela debido a **que no existe transportación gratuita para sus niños** quizás sean elegibles para recibir reembolso del estado para ayudar con dichos gastos. Por ejemplo, podrían recibir reembolso por el costo del pasaje en autobús o reembolso por el uso de automóviles privados a razón de 0.505¢ por milla.

Si Ud. responde que **si** a las siguientes preguntas para el año escolar 2008-09, Ud quizás sea elegible para recibir reembolso por proveer dicha transportación.

- 1) ¿Será el estudiante menor de 21 años de edad al cierre del año escolar?
- 2) ¿Está el estudiante matriculado por tiempo completo en los grados de kindergarten hasta el grado 12?
- 3) ¿Vive el estudiante a 1 ½ millas o más de distancia de la escuela o vive a menos de 1 ½ millas de la escuela pero **debe de ser transportado** debido a peligros de seguridad según aprobados por el Departamento de Transportación de Illinois (Illinois Department of Transportation) (ver los párrafos que siguen)?
- 4) ¿Asiste el estudiante a una escuela en Illinois que cumple con los requisitos legales de Illinois de asistencia mandataria?
- 5) ¿Ha incurrido el padre o guardián gastos de transporte como resultado de llevar y traer al niño a la escuela?
- 6) ¿No tenia acceso el estudiante a transportación de ida y vuelta a la escuela proveído enteramente por costo del publico?
- 7) ¿El padre o guardián radico dentro del estado de Illinois durante el periodo de tiempo que los gastos fueron incurridos?

Si Ud. ha contestado que **si** a las preguntas antedichas, ha vivido en Illinois y desea hacer una petición, Ud debe de ir a la escuela donde cada uno de sus niños esta matriculado antes del 30 de Junio de 2009 y completar el formulario de reclamación. Estos formularios de reclamación se encontrarán en las escuelas hasta el 30 de Junio de 2009.

Además, los padres o guardianes de estudiantes que vivan **a menos de 1 ½ millas** de distancia de la escuela a la cual asisten deberán verificar que existen peligros de seguridad debido al tráfico de vehículos. Esta verificación se puede hacer completando una solicitud para Determinación de Serios Peligros De Seguridad (Application for Determination of Serious Safety Hazard) en la oficina del Superintendente Regional de Escuelas del condado en el cual radican, **excepto** aquellos que radican dentro de los limites de la ciudad de Chicago. Los residentes de Chicago pueden recibir una copia de la solicitud para Determinación de Serios Peligros De Seguridad (Application for Determination of Serious Safety Hazard) directamente de Illinois State Board of Education, Division of Funding and Disbursement Services, 100 North First Street, Springfield, Illinois 62777. Todas las solicitudes para Determinación de Serios Peligros De Seguridad (Application for Determination of Serious Safety Hazard) deben ser recibidas antes del 1 de Febrero de 2009, en la oficina de donde se mandaron pedir. Ejemplo: Illinois State Board of Education (residentes de Chicago), la oficina del Superintendente Regional de Escuelas del

condado en el cual radican (los residentes del estado de Illinois menos los que radican en Chicago). El Superintendente Regional de Escuelas debe de enviar dicha solicitud al Departamento de Transportación dentro de un periodo de 15 días de haberla recibido. El Departamento de Transportación de Illinois revisa y aprueba o niega la solicitud y la devuelve al Superintendente Regional de Escuelas en un periodo de 30 días. Al recibir la solicitud ya revisada, el Superintendente Regional de Escuelas la enviará por correo al padre o guardián quien había hecho la solicitud de verificación de peligro de seguridad. **Si este peligro de seguridad es aprobado, el padre o guardián debe ir a la escuela donde el estudiante esta matriculado para completar la solicitud de reembolso.**

Los padres o guardianes quienes hayan recibido verificación de peligro de seguridad durante y después del año escolar 2005-2006 cuyos niños asisten a la misma escuela y viven en el mismo domicilio no tendrán que volver a solicitar la verificación de peligro de seguridad.

Una vez que todas las peticiones de reembolso hayan sido sometidas a la escuela, dichas peticiones serán enviadas electrónicamente a la Junta de Educación del estado de Illinois (Illinois State Board of Education). Si su petición de reembolso es aprobada, Ud. recibirá un cheque directamente del Estado por la cantidad que sea menor entre el costo de transportar a su niño o el promedio de reembolso por estudiante que es pagado a las escuelas públicas por transportar estudiantes en el programa regular. Si la Asamblea General no provee los suficientes fondos, el reembolso será en proporción a la cantidad aprobada.

Si Ud. tiene alguna pregunta o necesita más información, favor de llamar o ir a la escuela lo antes posible.