

STANDARDS AND INSTRUCTION DEPARTMENT

INSTRUCTIONS: School Districts are to use this form when claiming reimbursement for the costs exceeding state reimbursement for students who receive drive education from a school district in which they do not reside (see Section 105 ILCS 5/27-24.4 of *The School Code of Illinois*.)

TO:	DISTRICT NAME AND NUMBER	ADDRESS (Street, City, State, ZIP Code)	COUNTY
FROM:	DISTRICT NAME AND NUMBER	ADDRESS (Street, City, State, ZIP Code)	COUNTY

The following students who reside in your district were provided Driver Education, classroom and/or laboratory instruction, during the fiscal year, (July 1, 20 ____ - June 30, 20 ____), at the request of _____ High School, located at _____ in our district.
 Address (Street, City, State, ZIP Code)

STUDENT NAME	ADDRESS (Street, City, ZIP Code)	CLASSROOM			LABORATORY		
		Pass	Fail	Repeat	Pass	Fail	Repeat
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have claimed the Illinois State Reimbursement as authorized by law for those students listed. This statement represents actual school district per capita costs that exceeds the State reimbursement for presenting the Driver Education course. _____ Date Digital or Original Signature of District Superintendent _____ District Name and Number		Total Number of Students					
		Per Capita Cost					
		State Reimbursement					
		Cost Exceeding State Reimbursement					
		Excess Costs X Number of Students					
		TOTAL CLAIM					