

Central Community School District

NONPUBLIC PARENT REIMBURSEMENT REQUEST FORM

Notice to Nonpublic Parents:

Iowa Code Section 285.1 requires public school districts to provide transportation services to entitled, resident nonpublic students as per that section. How the transportation service will be provided is to be determined by the public school district. When funds are appropriated by the Iowa General Assembly **and** if your public school district has selected "Parent Reimbursement" as their transportation service type of choice **and** you meet the transportation entitlement policy provisions of the public school district in which you live, you are entitled to parent reimbursement to the limits established in Iowa Code Sections 285.1, subparagraph 3 and 285.3.

(Iowa Code, Section 285.3) If your public school district selects the "Parent Reimbursement" option, it is your responsibility as the nonpublic parent or guardian to notify your public school district that you have children attending a nonpublic school. The nonpublic school must have been accredited by the Iowa Department of Education for you to qualify. In addition, specific information, as requested on this form, must be submitted by the nonpublic parent or guardian not later than **December 1st** (for first semester reimbursement) and **May 1st** (for second semester reimbursement), each year. Failure to submit this request by the above deadline each semester will result in the denial of the reimbursement request for the period.

NAME (Parent or Legal Guardian): _____

ADDRESS (of parent or legal guardian): _____

CITY: _____ STATE: _____ ZIP: _____

Is this the location (address) at which the nonpublic student(s) listed below now reside? [Circle one: Yes No]
 (If "No", indicate beneath the name of each student listed below the address where each nonpublic student(s) lives.)

[Iowa Code, Section 285.1, subsection 3, limits the number of students that may be eligible for parent reimbursement to a maximum of three (3) elementary students and one (1) high school student per family.]

Name-Nonpublic Student(s) (Last, MI, First)	Grade Level Age (this year)	Nonpublic School of Attendance	# of miles one way
<i>(Maximum of 3 Elementary Students)</i>			
1.		Address:	
2.		Address:	
3.		Address:	

Name-Nonpublic Student(s) (Last, MI, First)	Grade Level Age (this year)	Nonpublic School of Attendance	# of miles one way
<i>(Maximum of 1 High School Student)</i>			
1.		Address	

I certify that the above information is accurate and that I am a parent or legal guardian of the above named nonpublic student(s). I also affirm that the nonpublic school(s) of attendance is/are accredited by the Iowa Department of Education.

Parent or Guardian Signature: _____ **Date:** _____

RETURN THIS FROM TO:
 Central Community School District, ATTN: Cyndie Johnson, 331 East 8th St, DeWitt IA 52742

For public school district use only:
 Enter or Stamp Date Received Here: _____ Received by: _____