



**SAINT VIATOR HIGH SCHOOL
PARENT/ GUARDIAN STATE PUPIL
TRANSPORTATION REIMBURSEMENT
SCHOOL YEAR 2008-2009**



1. Name of Parent/Guardian (Last, First)

2. Street Address

3. City, State, Zip Code

4. Social Security Number _____

5. Lives 1 ½ miles or more from school ? (Circle) YES NO

6. Number of Students _____

7. Claim Amount \$ _____

(formula to calculate the claim amount is found on other side of this sheet)

8. Signature of Parent/Guardian

9. Date

- Instructions for completing this form along with the formula to calculate the claim amount are found on the other side of this sheet.
- Claim must be filled out completely including your signature by **June 30, 2009.** (Claim cannot be filed without a parent/guardian signature or social security number).
- **Please return this form to: Saint Viator High School, 1213 E. Oakton, Arlington Heights, IL 60004 Attn: Dr. Deborah Scerbicke.**

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Instructions for Completing the Transportation Reimbursement Form

1. **Only the parent or legal guardian may complete the reimbursement claim, and only for his/her child(ren).**
2. **Parent/Guardian Information:** Please be sure to enter your (parent's/guardian's) Name, Address, City, State, Zip Code as it appears on your social security card.
3. **Social Security Number:** Be sure to enter your (parent's/guardian's) 9-digit Social Security Number.
4. **Number of Students:** Enter the number of students you have attending this school for whom you are claiming reimbursement.
5. **Computing the Claim Amount (if you live 1.5 or more miles from school)**
 - a. Enter into a calculator the number of miles from your home to school one-way. (If you are uncertain of the mileage you can use Internet sites such as "Mapquest" to assist you in determining your mileage to and from school.)
 - b. If you drive your child to school, multiply the number of one-way miles by **4**. If your child drives him/herself to school, multiply the number of one-way miles by **2**.
 - c. Multiply the total number of miles above by **173** (total number of student attendance days this school year).
 - d. Multiply the figure above by **.505** (representing 50.5 cents per mile allowed by the State of Illinois).
 - e. Enter this **amount in dollars** in the **Claim Amount** line on the form.
6. **Circle One:** Circle either "yes" or "no" that you live 1.5 or more miles from the school. (*If you live less than 1.5 miles from the school, you must have already applied for an approval of a safety hazard by February 1, 2009*).
7. **Sign:** your (parent's/guardian's) signature on the form. (Claim cannot be filed without a signature).
8. Enter **today's date** below your signature.

All claims must be filed electronically by Saint Viator High School. The amount awarded is determined by the Illinois state legislature and the state of Illinois issues payment. Any questions regarding reimbursement call Mr. Wilson or Ms. Clay at the Illinois Board of Education at 217-782-5256.