



NONPUBLIC PARENT REIMBURSEMENT REQUEST APPLICATION

Directions: Please include all students in your household on one application. K – 12 students only; preschool students are not eligible.

Notice to Parents: Iowa Code Section 285.1 requires public school districts to provide transportation services to resident nonpublic students that are entitled 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 **and** the nonpublic school being attended has been accredited by the Iowa Department of Education, you are entitled to parent reimbursement as per 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 resident public school district that you have children attending an accredited nonpublic school and its location. In addition, specific information, as requested on this form, must be submitted by the nonpublic parent or guardian not later than **December 1** (for the first semester) and **May 1** (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 claim period.

Reimbursements will be made when funds are appropriated by the Iowa General Assembly, one time, after the end of the school year.

RETURN THIS FORM TO: ATTENDING NONPUBLIC SCHOOL ADMINISTRATOR

PARENT OR LEGAL GUARDIAN INFORMATION:

NAME: _____ **PHONE:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Is this the location (address) at which the nonpublic student (s) 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.

NONPUBLIC ELEMENTARY (K-8) STUDENTS: Enter the distance in miles, one way, from student residence to nonpublic school. (Iowa Code, Section 285.1, subsection 3, limits the number of students that may be eligible for parent reimbursement to a maximum of 3 elementary students (K – 8) per family.)

| | | | | | FOR PUBLIC DISTRICT USE ONLY | | |
|--|-----|-------|----------------------------|-----------------|------------------------------|-------------------|------|
| STUDENT NAME AND ADDRESS (IF DIFFERENT FROM ABOVE) | AGE | GRADE | NONPUBLIC SCHOOL ATTENDING | MILES (ONE WAY) | ELIGIBLE? Y/N | REVIEWER INITIALS | DATE |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

NONPUBLIC HIGH SCHOOL (9-12) STUDENTS: Enter the distance in miles, one way, from student residence to nonpublic school. (Iowa Code, Section 285.1, subsection 3, limits the number of students that may be eligible for parent reimbursement to a maximum of 1 high school student (9 - 12) per family.)

| | | | | | FOR PUBLIC DISTRICT USE ONLY | | |
|--|-----|-------|----------------------------|-----------------|------------------------------|-------------------|------|
| STUDENT NAME AND ADDRESS (IF DIFFERENT FROM ABOVE) | AGE | GRADE | NONPUBLIC SCHOOL ATTENDING | MILES (ONE WAY) | ELIGIBLE? Y/N | REVIEWER INITIALS | DATE |
| 1. | | | | | | | |

PARENT OR GUARDIAN SIGNATURE: _____ **DATE:** _____

For Use by Public School District Only: Date Received: _____ Received By: _____

Reason for denial of reimbursement (if applicable): _____

Total Eligible Students In Family: _____ Supplement? Y or N Semester: 1 or 2