

# WEST FORK SCHOOLS

Sheffield Campus: 504 Park Street, PO Box 617, Sheffield, IA 50475 Phone: 641-892-4161

Rockwell Campus: 210 2<sup>nd</sup> Street S, PO Box 60, Rockwell, IA 50469 Phone: 641-822-3236

## NONPUBLIC PARENT REIMBURSEMENT REQUEST FORM

**Notice to Nonpublic 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<sup>st</sup>** (for first semester reimbursement) and **May 1<sup>st</sup>** (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.

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 <u>Elementary</u> Student(s) (Last, MI, First) (Maximum of 3 Elementary Students)	Age of Student	Grade Level (this year)	Name - Nonpublic School of Attendance	Distance between Std. Residence & Nonpublic School
1. Address:				
2. Address:				
3. Address:				

Name-Nonpublic <u>High School</u> Student (Last, MI, First) (Maximum of 1 High School)	Age of Student	Grade Level (this year)	Name - Nonpublic School of Attendance	Distance between Std. Residence & Nonpublic School
1. Address:				Miles =

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 FORM TO:  
 PAULA MEINTS, WEST FORK CSD, PO BOX 60, ROCKWELL, IA 50469

**For public school district use only:**

Enter or Stamp Date Received Here:

Received by:

