

**Instructions for Parents/Guardians Completing the  
Parent/Guardian State Pupil Transportation Reimbursement Claim  
2008-2009 School Year**

General Instructions

These instructions should be used if your school chooses to make a claim log sheet available for the Parent/Guardian Transportation Reimbursement Claim. This information will be entered electronically by school personnel. All information on this claim log sheet should be **printed clearly**. All information must be completed in order for your claim to be processed and paid. In addition, the parent/guardian must provide this information to school personnel, **IT IS NOT ACCEPTABLE FOR SCHOOL PERSONNEL TO FILL IN ANY OF THIS INFORMATION FOR THE PARENT/GUARDIAN.**

Each parent/guardian claim record consists of three lines that span the width of the form. The claim must contain the **name and address of the parent/guardian, social security number of the parent/guardian, number of pupils being claimed, total transportation cost/claim amount for those pupils being claimed, eligibility type, parent/guardian signature, and date the claim is being signed.**

The following instructions list each item that must be completed on the claim form. **If you are unsure how to complete the claim, please ask school staff for assistance or clarification.**

**ITEM INSTRUCTIONS**

**Item Name on Form**

**Explanation**

**NAME  
(Last, First)**

**PRINT** your last name, leave a space then **PRINT** your first name. **DO NOT** use nicknames. **DO NOT** use your spouse's name. **DO NOT** enter your child's name. The name entered must be the name of the parent/guardian completing and signing the claim form. The name **MUST match the name printed on your social security card**.

**STREET ADDRESS  
CITY, STATE, ZIP CODE**

This is the address to which your reimbursement check will be mailed. **PRINT** your complete street address of your residence with the name of the city, state and zip code.

**SOCIAL SECURITY NUMBER**

Enter **YOUR** nine-digit social security number in the boxes provided. This should be the social security number of the parent/guardian whose name is listed on this form and who signs this claim. **DO NOT** enter your child's social security number. **DO NOT** enter your spouse's social security number. The social security number **MUST match the name printed on the left**. Reimbursement will not be issued without the social security number.

**NUMBER OF PUPILS**

Enter the number of children for whom you are claiming transportation reimbursement who attend this school. You may claim reimbursement for **YOUR child(ren) only**.

**CLAIM AMOUNT**

Enter the total cost to transport your child(ren) attending this school. The amount can include cents. The claim amount may include bus fares and other payments made to providers of transportation and/or \$0.505 cents per mile driven when the parent/guardian or student drives to and from the school. To compute mileage reimbursement when driving children to school, multiply the distance between home and school by four then multiply the product by 0.505 cents. This is the daily cost. Then multiply the daily cost by the number of days the child(ren) are driven to school. If the student drives to school, multiply the distance between home and school by two and then multiply the product by 0.505 cents. This is the daily cost. Then multiply the daily cost by the number of days the student drove to school.

**CHECK ONE**

**1 1/2 or more miles from school** - If you live 1 1/2 miles or more from this school, this box should be checked.

**Less than 1 1/2 miles from school with a verified serious safety hazard** - If you live less than 1 1/2 miles from this school, in addition to completing this claim form, **you must have already applied for an approval of a safety hazard** by **February 1, 2009**, at the Regional Office of Education for your region, unless you already have a safety hazard that was approved during or after the 2005-2006 school year for the same home address and school. **An approval for serious safety hazard is valid for four years, beginning with the school year in which the approval is given.** If you have received an approval of a safety hazard and live less than 1 1/2 miles from this school, check this box. If this box is checked, records from the Regional Superintendent will be reviewed to verify your eligibility before your claim is paid.

**SIGNATURE OF PARENT/GUARDIAN**  
(attests to certification)

Before signing this claim form, you must read the Parent/Guardian Certification at the top of the form. By signing the form, you are certifying that you meet all eligibility requirements for the reimbursement and that you will maintain proper documentation of your expenses being claimed and verification of a safety hazard if you live less than 1 1/2 miles from this school.

**DATE**

Enter the date that you have completed and signed/certified this claim form. **Claims must be completed and signed no later than June 30, 2009.**

## Claim Processing

**NOTE: Parents/guardians must go to the school(s) their child(ren) attend(s) to file a 2008-2009 claim. ALL CLAIMS MUST BE TRANSMITTED ELECTRONICALLY BY THE SCHOOL OR DISTRICT ON BEHALF OF PARENTS OR GUARDIANS via Illinois State Board of Education (ISBE) Web Application Security (IWAS) located on the ISBE homepage at [www.isbe.net](http://www.isbe.net). If claims are incomplete or contain errors, the school or the Illinois State Board of Education, Division of Funding and Disbursement Services may contact you for further information. Once all claims from the schools are transmitted to ISBE and thoroughly edited, vouchers will be sent to the Office of the State Comptroller to issue checks. Reimbursement checks will be sent directly to the parent, at the address listed on the claim.**

**If you move from the address listed on the claim before you receive your reimbursement check, please notify the Illinois State Board of Education, Division of Funding and Disbursements Services, 100 North First Street, Springfield, Illinois 62777-0001, Telephone 217-782-5256, FAX 217-782-3910.**