

APPLICATION FOR MILEAGE REIMBURSEMENT

If you qualify, please return completed application to:
USD 227, Attn: Christina Cohoon, PO Box 398, Jetmore, KS 67854

The Board of Education of Unified School District 227 has adopted the following policies concerning payment of student transportation:

- A. The district will pay mileage reimbursement to the rural families with children in grades preschool through twelve, living **2.5 miles or more** from their centralized pick up point (by way of the shortest route). Out of district students will be reimbursed from the district boundary to the pick up point. Preschool students will be reimbursed one way only since transportation is not provided both ways. **The rate of reimbursement to be determined. It is currently .30 cents per mile.**
- B. The amount of payment will be based on exact mileage to the centralized pick up point and from the centralized drop off point (two trips; one trip to and one trip from).
- C. One annual mileage reimbursement will be made after a signed voucher has been filed at the end of the school year at the District Office, 401 Douglas St. Dates to sign the final mileage form will be June 1, 2026. Payment will follow Board of Education approval in July 2026.

If you qualify for reimbursement according to the above regulations, please complete the following:

_____ <i>Parent's Name</i>	_____ <i>Home phone/Cell phone</i>	_____ <i>Address</i>
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Include mileage (one way) to centralized pick up point.

_____ <i>Student's Name(s)</i>	_____ <i>Mileage (one way)</i>
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- 1. Does your student(s) ride with another family/person or in a car pool? YES NO (please circle) If yes, with whom? _____
- 2. Does your student live at this residence full time? YES NO (please circle) if no, please explain below: _____
- 3. Does your student have shared custody with another parent? YES NO (please circle) if yes, explain custody arrangements: _____

*****IMPORTANT*****

I certify that the above information is correct and that I will keep an accurate record of mileage and days actually driven in order to claim reimbursement at the ending of the school year. **I understand that any misstatement, falsification, or omission of information is subject to denial of payment and/or legal action.** I further agree that the school district may have my mileage verified by auditors of the State of Kansas.

X _____

Signature of Parent or Guardian

_____ Date