

WEST BONNER COUNTY SCHOOL DISTRICT #83
TRANSPORTATION DEPARTMENT

REQUEST FOR LIEU OF PAYMENT

DATE: _____
NAME: _____ PHONE: _____
MAILING ADDRESS: _____

THE UNDERSIGNED WHO RESIDES IN A NON-TRANSPORTATION ZONE, REQUESTS THAT PAYMENT BE MADE FOR _____ PUPILS IN LIEU OF TRANSPORTATION THEREOF. **PAYMENT WILL BE MADE FOR MILEAGE AFTER THE FIRST 1 1/2 MILES.**

PUPIL'S NAME _____ SCHOOL _____ AGE _____ MILES TRANSPORTED _____
(PER ONE TRIP)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

I UNDERSTAND THAT SUCH PAYMENT, IF ANY, IS TO BE DETERMINED AT THE DIRECTION OF THE BOARD OF TRUSTEES OF THE WEST BONNER COUNTY SCHOOL DISTRICT #83 AND SHALL BE BASED UPON A FORMULA WHICH WILL ATTEMPT EQUITABLE DISBURSEMENT OF "IN-LIEU" PAYMENTS TO SUCCESSFUL APPLICANTS. SUCH FORMULAS CONSIDERS THE NUMBER OF MILES TRANSPORTED TO AND FROM THE SCHOOL BUS STOP (MILES ARE ONLY PUBLIC ROAD MILES) AND THE NUMBER OF SCHOOL DAYS IN ATTENDANCE DURING EACH SCHOOL MONTH BY EACH PUPIL FOR WHOM PAYMENT IS MADE. THE BOARD SHALL PAY AN AMOUNT PER MONTH OF 45.5 CENTS PER MILE FOR 20 . THE BOARD OF TRUSTEES MAY LIMIT PAYMENT TO ONE PRIVATE VEHICLE FOR ONE OR MORE FAMILIES.

I UNDERSTAND THAT THE BOARD OF TRUSTEES HAS RESERVED THE RIGHT TO REVISE SUCH FORMULA AS CIRCUMSTANCES SEEM TO WARRANT AND TO DIMINISH OR CEASE PAYMENT FOR NONCOMPLIANCE WITH RULES AND REGULATIONS SET FORTH BY STATE STATUTES, STATE BOARD OF EDUCATION AND/OR THE BOARD OF TRUSTEES OF THE SCHOOL DISTRICT.

ALL OF ANY SUCH PAYMENT AS MAY BE GRANTED WILL BE USED TO HELP DEFRAY THE EXPENSE OF:
(CHECK ONE)

- 1. BOARD AND ROOM....._____

IF STUDENT RESIDES ONLY PART TIME AT ABOVE ADDRESS, PLEASE INDICATE # OF DAYS PER WEEK AT QUALIFIED ADDRESS _____

- 2. PRIVATE TRANSPORTATION:....._____

NO PAYMENT TO AID IN EITHER OF THE ABOVE SHALL BE PAID UNLESS SUCH SERVICE IS ACTUALLY FURNISHED.

THE LEGAL DESCRIPTION OF THE PROPERTY OF RESIDENCE OF SUCH PUPIL AND/OR PUPILS COVERED BY THIS APPLICATION APPEARS BELOW;

PLEASE GIVE ROAD DIRECTIONS TO REACH YOUR RESIDENCE ON THE REVERSE SIDE OF THIS FORM.

SIGNATURE OF APPLICANT _____

REQUEST GRANTED: YES _____ NO _____ MILES GRANTED: _____ EFFECTIVE DATE _____

TRANSPORTATION DIRECTOR _____