

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan, Minnesota  
*Educating our students to reach their full potential*

Series Number **707.10.2P** Adopted **September 1981** Revised **September 2013**

Title **Nonpublic Student Transportation Reimbursement Request**

I/We request reimbursement for transporting the following child(ren) as per District 196 Regulation 707.10AR, Nonpublic and Charter School Student Transportation for the current school year. I understand that this request must be submitted to District 196 prior to June 30 for reimbursement for the current school year.

<u>student name</u>	<u>grade</u>	<u>school</u>	<u>school phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand the payment is not to exceed the amount of the district's nonpublic transportation revenue per student minus five percent administration cost.

**Return to:**

Independent School District 196  
Director of Finance and Operations  
3455 153<sup>rd</sup> Street West  
Rosemount, MN 55068

\_\_\_\_\_  
parent/guardian name (please print)

\_\_\_\_\_  
address

\_\_\_\_\_  
city, state, zip code

**NOTE:**

To qualify for reimbursement for the current school year, this form must be returned no later than June 30.

\_\_\_\_\_  
telephone number

\_\_\_\_\_  
signature of parent or guardian

\_\_\_\_\_  
date