

STATE PUPIL TRANSPORTATION REIMBURSEMENT
LOG SHEET

PARENT/GUARDIAN

LOG SHEET

SCHOOL COPY

PARENT/GUARDIAN CERTIFICATION

- Under penalties of law and for the purpose of obtaining reimbursement from the State of Illinois, I hereby, by my signature, certify as follows:
- I am the parent or legal guardian of the pupil whose expenses I have claimed on this form.
 - During the school year for which this claim is being made, these pupils attended regular scheduled day-time classes at full-time in grades Kindergarten through 12 at the Illinois public or non-public school listed on this form.
 - These pupils either 1) lived 1 1/2 miles or more from the school attended, or 2) lived within 1 1/2 miles from the school attended and the parent or legal guardian, have written verification from the Illinois Department of Transportation that a safety hazard exists. The verification is valid for four years if conditions have not changed to the extent that the original Illinois Department of Transportation approval would be affected.
 - These pupils did not have access to transportation to and from school provided entirely at public expense.
 - I am the parent or legal guardian of the pupil whose expenses I have claimed on this form.
 - If requested within three years of the payment of this claim, I will provide records verifying my expenditures as claimed on this form, and records verifying my expenditures as claimed on this form, and b. If this claim is a result of a verified serious safety hazard, a copy of the notice from the Illinois Department of Transportation verifying the serious safety hazard, valid for the school year being claimed and the home address and school listed on the claim.
 - Under penalties of perjury, I certify that the number shown on this form is my correct social security number.

DO NOT MAIL TO ISBE.
CLAIM INFORMATION MUST BE SUBMITTED BY THE SCHOOL ELECTRONICALLY.

NAME (Last, First)	SOCIAL SECURITY NUMBER	LOG SHEET	CHECK ONE: (proper box must be checked to qualify)	Less than 1 1/2 miles from school with a current and number 3 under Parent/Guardian Certification)
STREET ADDRESS	NUMBER OF PUPILS		<input type="checkbox"/> 1 1/2 or more miles from school	
CITY, STATE ZIP CODE	CLAIM AMOUNT	\$	SIGNATURE OF PARENT/GUARDIAN (attests to above certification)	
			DATE	

GENERAL INFORMATION

Qualifying Parents/Guardians must provide a complete and signed claim to appropriate school personnel at the child's assigned attendance center on or before **June 30**.

Parents/Guardians that live less than 1 1/2 miles from their child's school must have a verified Serious Safety Hazard in order to claim reimbursement. Serious Safety Hazard applications must be filed with the appropriate Regional Office of Education or for those that reside in the City of Chicago to the Illinois State Board of Education (ISBE) on or before **February 1**.

Important Note: Serious Safety Hazard Approvals are valid for 4 school years unless conditions have changed. Parents/guardians who received verification of a safety hazard within the 3 school years prior to the current school year, whose children attend the same school and live at the same address do not have to reapply for safety hazard verification.

Calculating Expense: To calculate transportation expense when driving children to school, multiply the distance between home and school by four then multiply the product by the mileage rate in cents per mile for the current school year. This is the daily cost. Then multiply the daily cost by the number of days the children are driven to school. This is the estimated annual transportation expense.

After claims have been transmitted to ISBE by school personnel, Parents/Guardians should expect payment sometime during the **month of December**.

Claim status: Parents/Guardians may check the status of their Transportation Reimbursement Claims online once the school has submitted the claim by using the following link.

<https://sec1.isbe.net/parentguardianinquiry/>