

WATERLOO COMMUNITY SCHOOLS

NONPUBLIC PARENT REIMBURSEMENT REQUEST FORM

Notice to Nonpublic Parents:

Pursuant to Iowa Code 285.1 and 285.3 regarding nonpublic student transportation, it is your responsibility as the nonpublic parent or guardian to notify Waterloo Community Schools that you have children attending an accredited nonpublic school and its location. In addition, specific information, as requested on this form, must be submitted by the nonpublic parent or guardian not later than **December 1st** (for first semester reimbursement) and **May 1st** (for second semester reimbursement), every year. Failure to submit this request by the above deadline each semester will result in the denial of the reimbursement request for the claim period.

Name (of Parent or Legal Guardian): _____

Address (of Parent or Legal Guardian) _____

City: _____ State _____ Zip _____

Is this the location (address) at which the nonpublic student(s) listed below now reside? (Circle one: Yes No)
 (If "No", indicate beneath the name of each student listed below the address where each nonpublic student(s) lives.)

(Iowa Code, Section 285.1, subsection 3, limits the number of students that may be eligible for parent reimbursement to a maximum of three (3) elementary students and one (1) high school student per family.)

Name-Nonpublic <u>Elementary</u> Student(s) (Last, MI, First) (Maximum of 3 Elementary Students)	Age of Student	Grade Level (this year)	Name - Nonpublic School Of Attendance	Distance between Student Residence & Nonpublic School
Name: Address:				Miles =
Name: Address:				Miles =
Name: Address:				Miles =

Name-Nonpublic <u>High School</u> Student (Last, MI, First) (Maximum of 1 High School Student)	Age of Student	Grade Level (this year)	Name - Nonpublic School Of Attendance	Distance between Student Residence & Nonpublic School
Name: Address:				Miles =

I certify that the above information is accurate and that I am a parent or legal guardian of the above named nonpublic student(s). I also affirm that the nonpublic school(s) of attendance is/are accredited by the Iowa Department of Education.

Parent or Guardian Signature _____ Date _____

Please mail or deliver the white copy to **Waterloo Community Schools %Deb Jacobs 1516 Washington St. Waterloo, IA 50702** before the deadlines listed above or scan and e-mail to jacobsd@waterlooschools.org

The yellow copy is for the parent or guardian's records.