

**Transportation Options & Reimbursement Form
District 4085**

Please CIRCLE ONE of the following 3 options for transportation:

Option 1: Bus Pass or walking/biking.

Students living within ISD 709 receive a DTA bus pass. Pass replacement is \$10.00. Please report lost or damaged passes immediately so they can be cancelled or replaced. Students living outside of 709 can get a bus pass but then they can't collect mileage reimbursement.
Students who bike to school may park bikes on bike racks available in the parking ramps. Bikes must be stored outside of the building.

Option 2: Parking Reimbursement

Student chooses to drive to school and have parking costs reimbursed to a *maximum* of **\$20.00** per month. Student is responsible for contracting with the parking lot. Reimbursement request must include a copy of the receipt from the parking facility.

Reimbursement Month:

Attach copy of receipt to this form; no receipt, no reimbursement.

Option 3: Mileage Reimbursement

Student lives **outside** of the ISD 709 district and drives to school. Mileage reimbursement rate of \$0.15/mile will be paid based on the mileage from the home address to the ISD 709 border. *Maximum* reimbursement is **\$37.50**/month. Each student is eligible for reimbursement in the case of siblings traveling together. The office will verify the mileage to the ISD 709 border based on your address.

Reimbursement Month:

Family's Address:

<i>Distance from home to ISD 709 border</i>	<i>X 2 (roundtrip)</i>	<i>X \$0.15</i>	<i>X days attended</i>	=	<i>Reimbursement (maximum \$37.50)</i>
	X 2	X \$0.15		=	

For example, if a student lives 20 miles from the ISD 709 border, round trip mileage would be 40 miles x \$ 0.15 = \$6.0 times number of days attending school to a maximum reimbursement of \$37.50 per month.

(Please Print)

Student's Name:

I certify that all information provided above is true and correct and that misrepresentations of information may prohibit the student from receiving further funds for transportation.

Parent/Guardian
signature and date

Printed Name

Please see reverse for permission slip.

Return completed form with attached receipt for parking reimbursement if applicable to:
Harbor City International School
332 W Michigan St.
Duluth MN 55802