

TO: Non-Public School

FROM: Minnetonka Public Schools, Transportation and Student Accounting Offices

RE: Procedure for Requesting Student Transportation Reimbursement and Compulsory Student

Reporting

Enclosed are the necessary forms required for your school to claim transportation reimbursement and to comply with Minnesota Compulsory Instruction Reporting laws. For your convenience we have consolidated the transportation reimbursement and compulsory student reporting forms to reduce the duplicate reporting by your school. Therefore, an additional column has been added to report birth dates. Your completed form will be shared between transportation and student accounting. If the birth date is not included, you will be required to report to our student accounting office separately. In order to maintain our district census record, please include a student directory that also includes parent information.

Form #1000 Parent Request Form and Instructions should be duplicated (2 sided) by the nonpublic school and made available to all parents of children eligible for reimbursement. Parents must complete and return this form to the non-public school. The school should then summarize all parent request forms onto Form #1002, then keep Form #1000 on file and submit Forms #1001 and #1002 to the district by October 1. Form #1000 should be filed at your school and must be completed by the parent or reimbursement will not be made.

Form #1001 Non-Public School Application & Certification must be completed and submitted to the district by October 1.

Form #1002 Student Transportation Roster & Attendance Report for all eligible students must be compiled and submitted to the Minnetonka school district by October 1. (Note: Helpful website for determining student's resident district (pollfinder.sos.state.mn.us).

On May 15, the school should resubmit the Student Transportation Roster and Attendance Report (Forms 1001 & 1002) listing actual attendance (projecting attendance to end of the school year). The district will reimburse the school buy June 30 for all eligible students. All reimbursements received by the school must be disbursed to parents or applied to their accounts. Payment will not be made if the appropriate forms are not received by May 15.

Transportation Contact: Niki Zuidema Student Accounting Contact: Cindy Lenz

 952-401-5023
 952-401-5066

 952-401-5092 fax
 952-401-5092 fax

 Enclosed: Form #1000 – Parent Request for Transportation Reimbursement & Instructions

Form #1001 - Non-Public School Application & Certification - 2 pages

Form #1002 - Student Request Roster & Attendance Report

These forms may also be found at our website: Minnetonkaschools.org under "District Forms", Transportation Services "Out of District Non-Public Transportation Reimbursement Request".

FORM #1000

PARENT INSTRUCTIONS

If your child is transported to and from a non-public school at your expense and is eligible for reimbursement, you may, through your school of attendance, request reimbursement for transportation.

Minnesota State Law specifies that students attending out of district non-public schools are eligible for transportation services or reimbursement for transportation to the district boundary.

TO BE ELIGIBLE FOR REIMBURSEMENT EACH OF THE FOLLOWING MUST BE MET:

- A. Student must live more than 2 miles from school.
- B. Student is not offered transportation by the district of residence.
- C. Student must be a resident of the district from which reimbursement is claimed.
- D. Parent has submitted a signed request **to the non-public school** at the beginning of the year, no later than 30 days after the beginning of school.
- E. Transportation will either be arranged by the non-public school or by the parent. If the parent is providing the transportation, it will be the responsibility of the parent to assure that the student is transported safely with adequate insurance kept in force, a qualified licensed driver and vehicle in safe operating condition.

If your child or children are eligible according to the specifications listed above, you may use the form on the reverse side to apply for reimbursement. Return this form to the non-public school that your child attends. Re-imbursement will not be made if this completed form is not on file in your school office.

After the school has received your request and reported this information to our district, reimbursement will be sent to your school after the end of the school year. Reimbursement will be made on a per student basis (if transportation is by bus) or family basis (if the student is being transported by a parent vehicle). Your school will either send you a check or apply it to your account.

Please complete, sign and return the request form on the reverse side to your child's school.

(Parent Request on reverse side)

FORM # 1000 (Parent submits to nonpublic school to retain in their files)

PARENT REQUEST FOR TRANSPORTATION REIMBURSEMENT

School District of Residence	District of Residence School Year Sc				
Parent must read reverse side, codays of the start of school.	omplete this side, sign and	submit to your school within 30			
Parent or Guardian's Name					
Address					
Name of students In family requesting		Transported By			
Reimbursement	Grade	Parent or Bus?			
1.					
2.					
3.					
4.					
5.					

I certify that the information provided here is accurate. I have read the eligibility requirements and agreed that the transportation I am being reimbursed for provides for the safety and well being of my children and that all requirements are being followed.

Parent's signature	Date																
FORM 1001	NON-PUBLIC SCHOOL APPLICATION & CERTIFICATION																
Submit by October : Minnetonka Public Sch Transportation Dept.			Fo	or Sc	choo	l Yea	ar										
5621 County Rd 101 Minnetonka, MN 5534 Fax: 952-401-5092	5																
АР	PLICATION FOR II RESIDENT PUP											ICE					
SCHOOL INFORMA	ΓΙΟΝ			SCF	Ю	L D	AT	ES:	OPE	EN_		CLC	SE				
Name of School						HOURS: START						DISMISS					
Address		-	D	AY	S:	SE	ESS]	(ON			_ F	HOLI	DAY	S _			
City, State, Zip		_	E	-Ma	il A	ddre	ss:										
Contact Person		-	P	hone	e Nu	mbe	er			_							
Grades Taught		K	1	2	3	4	5	6	7	8	9	10	11	12	Total		
Total School Enrollment i School	n Non-Public																
District Resident enrolled Non-Public School	in																
District Residents Transp which you are claiming Reimbursement.	orted For																
The undersigned here nonpublic school for s 123B.84 – 123B.89; and necessary to insure a resident school district	such assistance in nd that the non-pi complete trip to th	accor ublic s ne non	dan choo -pul	ce voluments	vith rees scho	proves to	vision mal nd t	ns d ke su to fil	of Much to such	.S. tran ch r	120/ spor epo	4.22, tation rts as	subd arra nece	. 4 a ingen	nd M.S. nents as		
Signed: School Admin	istrator or Principa	al		Date	e: _									_			

(STUDENT TRANSPORTATION and COMPULSORY INSTRUCTION ATTENDANCE ROSTER on next page)

STUDENT TRANSPORTATION and COMPULSORY INSTRUCTION ATTENDANCE ROSTER

School Name:	_										
School Year:											
Address:			Zip:								
Phone: Fa											
I certify that the information on this form is accurate and that other supporting documents are on file and available for audit. I also certify that all supporting documents comply with guidelines provided.	at the information on this form is accurate and that orting documents are on file and available for audit. I Please provide this information by October 1			Transportation Co PC – Private Contractor	odes:						
School Official Signature 10/1	Fax: 952-			SV – School Vehicle PA – Parent Vehicle		Complete and submit to School District by October 1 of the current school year. Update and resubmit by May 15.					
Signature resubmitted with attendance 5/15	signature a	at bottom of presubmitted by May 15 with a		MB – City Bus O – Other (D	escribe)						
Pupil's Name (alpha)	Birth Date	Grade	Address, City, Zi	p	Tran Code	Re	rent quest File	Days Attended			
								\prod			

Residency Approved as submitted or revised_____

District Signature