

# **PARENT/GUARDIAN ISBE PUPIL TRANSPORTATION REIMBURSEMENT**

**Submit to WCA office no later than Friday, May 30, 2008**

## **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:

1. I am the parent or legal guardian of the pupils whose expenses I have claimed on this form.
2. During the school year for which this claim is being made, these pupils attended regularly scheduled daytime classes as full-time students in grades kindergarten through 12 at Westlake Christian Academy.
3. These pupils either 1) lived 1½ miles or more from the school attended, or 2) lived within 1½ miles from the school attended and I, the parent or legal guardian, have written verification from the Illinois Department of Transportation that a serious safety hazard exists. This 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.
4. These pupils did not have access to transportation to and from school provided entirely at public expense.
5. I paid the amount which I have claimed on this form to transport these pupils to and from school during the school year for which this claim is being made.
6. If requested within three years of the payment of this claim, I will provide the school or the Illinois State Board of Education with:
  - a. Records verifying my expenditures as claimed on this form or an affidavit 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.
7. Under penalties of perjury, I certify that the number shown on this form is my correct social security number.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please complete the reverse side of this form and return it to the WCA school office**

Check one:  1½ or more miles from school

Less than 1½ miles from school with a current and properly verified serious safety hazard. (WCA will need a copy of your verified hazard from the Illinois State Board of Education)

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Name:  
(Last, First): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Soc. Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Number of *your own* children you transport (grades K-12): \_\_\_\_\_

Miles traveled to school (one-way): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

WCA is required to electronically submit all transportation reimbursement requests on behalf of WCA parents to the Illinois State Board of Education (ISBE) annually.

***This completed form must be returned to the WCA school office  
no later than the last day of school—Friday, May 30, 2008***

Please contact the office if you have any questions.

847-548-6209 ext. 10

[info@WestlakeChristian.org](mailto:info@WestlakeChristian.org)