



## INSTRUCTIONS FOR COMPLETING THE TRANSPORTATION REIMBURSEMENT FORM

1. **Only the parent or legal guardian may complete the reimbursement claim form, and only for his/her child(ren).**
2. **Parent/Guardian Information:** Please be sure to enter your (parent's/guardian's) name as it appears on your social security card, as well as your address, city, state and zip code.
3. **Social Security Number:** Be sure to enter your (parent's/guardian's) 9-digit social security number.
4. **Number of Students:** Enter the number of students who are attending Elgin Academy for whom you are claiming reimbursement.
5. **Computing the Claim Amount (if you live 1.5 or more miles from this school):**
  - a. Enter into a calculator the number of miles from your home to Elgin Academy one way. (If you are uncertain of the mileage, you can use Internet sites such as MapQuest to assist you in determining your mileage to and from school.)
  - b. If you drive your child to school, multiply the number of one-way miles by **4**. If your child drives him/herself to school, multiply the number of one-way miles by **2**.
  - c. Multiply the total number of miles above by 172 (total number of student attendance days this school year).
  - d. Multiply the figure above by **.485** (this figure represents 48.5 cents per mile allowed by the State of Illinois).
  - e. Enter this **amount in dollars** in the Claim Amount line on the form.
6. **Circle One:** Circle either "yes" or "no" that you live 1.5 or more miles from the school. (If you live less than 1.5 miles from the school, you must have already applied for an approval of a safety hazard by February 1, 2008).
7. **Sign** your (parent's/guardian's) signature on the form. (Claims cannot be filed without a signature.
8. Enter **today's date** below your signature.

**All claims must be filed electronically by  
Elgin Academy's Business Office.**

**The amount awarded is determined by the Illinois state legislature, and the State of Illinois issues payment. For questions regarding reimbursement, please call Mr. Wilson or Ms. Clay at the Illinois Board of Education at 217-782-5256.**



**Elgin Academy Parent/Guardian  
State Pupil Transportation Reimbursement  
SCHOOL YEAR 2007-08**

- Instructions for completing this form, along with the formula to calculate the claim amount, are found on the other side of this sheet.
- Claim must be filled out completely, including your signature, **by June 30, 2008.** (Claim cannot be filed without a parent/guardian signature and social security number.)

1. Name of Parent/Guardian (Last, First):

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2. Street Address:

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3. City, State, Zip Code:

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4. PARENT/GUARDIAN Social Security Number:

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5. Lives 1 ½ miles or more from school? (circle one)    YES        NO

6. Number of Students: \_\_\_\_\_

7. Claim Amount: \$ \_\_\_\_\_  
(Formula to calculate the claim amount is found on other side of this sheet.)

8. Signature of Parent/Guardian:

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9. Today's Date:

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Please mail this form to:    **Elgin Academy**  
(Or submit to your        **Attn: Business Office**  
Divisional Secretary)    **350 Park Street**  
   **Elgin, IL 60120**