

**Completing this form does NOT register a student/family for bus transportation to/from school. A separate Bus Registration form must be completed.**

**FORM 1000**

Parents – please read prior instructions, complete, sign & submit this form to your school of attendance.

**PARENT REQUEST FOR TRANSPORTATION REIMBURSEMENT**

\_\_\_\_\_  
**School District of Residence**                      2023-2024  
School Year    The Academy of Holy Angels  
School Attending

Parent(s) must read previous pages, complete this side, sign, and submit to your School of Attendance within 1 week of the first day of school.

Parent/Guardian Name: \_\_\_\_\_

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

City, ST, Zip: \_\_\_\_\_

<u>Names of Students in Family</u> <u>Requesting Reimbursement:</u>	<u>Grade</u>	<u>How Transported (please check):</u>		
		<u>Car</u>	<u>School Bus</u>	<u>Other (describe)</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

NOTE: If transporting address is different from parent or guardian above, list item number and transporting address below.

\_\_\_\_\_  
\_\_\_\_\_

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 /Guardian Signature**

\_\_\_\_\_  
**Date**