

LEWIS COUNTY BOARD OF EDUCATION
ANNUAL REQUEST FOR STUDENT IN LIEU OF TRANSPORTATION

School Year: _____

Student name: _____

School: _____

Parent name: _____

Address: _____

Phone number: _____

Parent: _____

Signature

Date

Administration Review

Reason: _____ Student travels more than one (2) miles to bus stop.

_____ Special Education IEP

_____ Other: _____

Rate: Paid the federal mileage rate per the GSA web site per mile that the student is in the vehicle less the first two (2) miles of the distance traveled from home to the school or bus stop as provided in code.

Signature: _____

Attendance or Special Education Director

Date

Mileage Verification _____

Signature: _____

Transportation Director

Date

Signature: _____

Superintendent

Date