

# LINN-MAR SCHOOL DISTRICT NONPUBLIC PARENT REIMBURSEMENT REQUEST FORM

**Notice to Nonpublic Parents:**

Iowa Code Section 285.1 requires public school districts to provide transportation services to resident nonpublic students that are entitled as per that section. How the transportation service will be provided is to be determined by the public school district. When funds are appropriated by the Iowa General Assembly **and** if your public school district has selected "Parent Reimbursement" as their transportation service type of choice **and** you meet the transportation entitlement policy provisions of the public school district in which you live **and** the nonpublic school being attend has been accredited by the Iowa Department of Education, you are entitled to parent reimbursement as per Iowa Code Sections 285.1, subparagraph 3 and 285.3.

Iowa Code Section 285.3: If your public school district selects the "Parent Reimbursement" option, it is your responsibility as the nonpublic parent or guardian to notify your resident public school district that you have children attending an accredited nonpublic school and its location. In addition, specific information, as requested on this form, must be submitted by the parent/guardian no later than **December 1<sup>st</sup>** for first semester and **May 1<sup>st</sup>** for second semester each year. Failure to submit this request by the above deadline each semester will result in the denial of the reimbursement request for the claim period.

NAME: (Parent or legal guardian): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Iowa Code, Section 285.1, subsection 3, limits the number of students that may be eligible for parent reimbursement to a maximum of 3 elementary students grades K-8, and 1 secondary student per family.

K to 8 <sup>th</sup> Grade Students:				Distance between residence and attending school - 1 way
Name	Age	Grade level	Attending school	

9 <sup>th</sup> to 12 <sup>th</sup> Grade Student:				Distance between residence and attending school - 1 way
Name	Age	Grade level	Attending school	

I certify that the above information is accurate and that I am a parent or legal guardian of the above named nonpublic student(s). I also affirm that the nonpublic school(s) of attendance is/are accredited by the Iowa Department of Education.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Principal: \_\_\_\_\_ Date: \_\_\_\_\_

One check will be mailed to cover both fall and spring claims in early fall. Return this form via email, USPS or fax to:

**Linn-Mar CSD**  
**Attn: Terri Mohler**  
**3556 Winslow Rd**  
**Marion, IA 52302**  
**Phone: 319-447-3014 - Fax: 319-403-8002**  
**terri.mohler@linnmar.k12.ia.us**