



Dear Holy Trinity Families,

In accordance with the Iowa Department of Education and the Iowa Code Section 285.3 on nonpublic transportation, our families who meet the required criteria are entitled to transportation reimbursement.

Qualifications:

- One way mileage must be greater than or equal to 2 miles (one way distance)
- Must reside and pay taxes within that school district
- Student must be enrolled in Kindergarten or greater
- Families are reimbursed for no more than 3 elementary children and limited to one family member attending high school

Please print and submit the completed form each semester to your appropriate school district (see addresses below). **Deadline dates are: December 1st for first semester and May 1st for second semester.** You must submit both times in order to be reimbursed for the entire school year. One reimbursement check will be issued the following fall.

School District Addresses:

Ankeny School Dist – Transportation Dept	306 SW School St	Ankeny	50021
Dallas Center-Grimes Schools – Transportation Dept.	802 15th St	Dallas Center	50063
Des Moines Schools - Transportation Dept.	1915 Prospect Rd.	Des Moines	50310
Johnston Comm Schools – Transportation	P.O. Box 10	Johnston	50131
Norwalk Comm Schools - Transportation	906 School Ave	Norwalk	50211
Pleasantville Comm Schools - Transportation	415 W Jones	Pleasantville	50225
Saydel Comm Schools - Transportation	5740 NE 14th	Des Moines	50313
SE Polk Comm Schools - Transportation	8379 NE University	Pleasant Hill	50237
Urbandale Comm Schools - Transportation	11152 Aurora Ave	Urbandale	50322
Waukee Comm Schools - Transportation	560 SE University	Waukee	50263
West Des Moines Schools - Transportation	2102 Delevan Dr	West Des Moines	50265

If you have any questions, please contact your public school district in which you reside.

Thank you,
Holy Trinity Administration

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 attended 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 nonpublic parent or guardian not later than December 1st (for first semester reimbursement) and May 1st (for second semester reimbursement), 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 (of parent or legal guardian): _____

CITY: _____ STATE: _____ ZIP: _____

Is this the location (address) at which the nonpublic student(s) listed below now reside? [Circle one: Yes No]
 (If "No", indicate beneath the name of each student listed below the address where each nonpublic student(s) lives.)

[Iowa Code, Section 285.1, subsection 3, limits the number of students that may be eligible for parent reimbursement to a maximum of three (3) elementary students and one (1) high school student per family.]

Name-Nonpublic <u>Elementary</u> Student(s) (Last, MI, First) (Maximum of 3 Elementary Students)	Age of Student	Grade Level (this year)	Name - Nonpublic School of Attendance	Distance between Std. Residence & Nonpublic School
1. Address:				Miles =
2. Address:				Miles =
3. Address:				Miles =

Name-Nonpublic <u>High School</u> Student (Last, MI, First) (Maximum of 1 High School)	Age of Student	Grade Level (this year)	Name - Nonpublic School of Attendance	Distance between Std. Residence & Nonpublic School
1. Address:				Miles =

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: _____

RETURN THIS FORM TO:
 (Name and address of the resident public school district.)

For public school district use only:
 Enter or Stamp Date Received Here: _____ Received by: _____