



INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

Due to School Clerk June 1

| | | |
|-----------------------------------------------------------------------|--------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

yes no

Are you applying for isolation status? yes no
(if yes, please attach explanation)

Isolation: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved

| | | | |
|--------------------------|------------------------------|-----------------------------|-------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: _____

Physical Address (street address only): _____

Distance from home to nearest school (one way)

EL _____ HS/K12 _____

Distance from home to nearest bus stop, if any (one way)

EL _____ HS/K12 _____

Contract is for one-way only

Students in each grade level covered by this contract

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|-------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Req. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name _____ School _____ Grade _____

Student Name _____ School _____ Grade _____

Student Name _____ School _____ Grade _____

Student Name _____ School _____ Grade _____

THIS CONTRACT IS FOR:

Grades 1-12
 1st Semester Only 2nd Semester Only Both Semesters
 Pre-kindergarten/Kindergarten
 1st Semester Only 2nd Semester Only Both Semesters

KINDERGARTEN/PREKINDERGARTEN:
Kindergarten child rides WITH other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week
 To or from School _____ times per day, _____ days per week

Kindergarten child rides WITHOUT other school-age students:

To or from Bus Stop _____ times per day, _____ days per week
 To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1

CLERKS: Send original to County Supt by July 1, retain a copy for your files

REIMBURSEMENT RATES

determined by 20-10-142, MCA

EL _____ HS/K12 _____

Agreement between parent (parent name) _____, and school district (district name) _____,

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|----------------------------|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |