



HOLY TRINITY

CATHOLIC CHURCH & SCHOOL

Where our hearts and our doors are open to Christ.

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
- Number of weeks attending (first half of school session equals 18 weeks)

Please print and submit the completed form to your appropriate school district (see addresses below) by November 30, 2011.

School District Addresses:

Ankeny	306 SW School St	Ankeny	50021
Dallas Center-Grimes	802 15 th St	Dallas Center	50063
Johnston	P.O. Box 10	Johnston	50131
Norwalk	906 School Ave	Norwalk	50211
Pleasantville	415 W Jones	Pleasantville	50225
Saydel	5740 NE 14 th	Des Moines	50313
Southeast Polk	8379 NE University	Runnells	50237
Urbandale	6200 Aurora Ave W	Urbandale	50322
Waukee	560 SE University	Waukee	50263
West Des Moines	2102 Delevan Dr	W 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)	Weeks Attended	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)	Weeks Attended	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: _____

Des Moines Independent Community School District
Transportation Department
1915 Prospect Road
Des Moines, Iowa 50310

For public school district use only:

Enter or Stamp Date Received Here:

Received by: