

SCHOOL DISTRICT NO. 25  
Bannock County  
Pocatello, Idaho

**APPLICATION FOR IN-LIEU-OF TRANSPORTATION**

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Student(s): \_\_\_\_\_ School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT(S) TO BE TRANSPORTED FOR THE 2013-2014 SCHOOL YEAR**

The student(s) named above is (are) being transported by personal vehicle from:

\_\_\_\_\_  
(Point of origin - be specific)

which is \_\_\_\_\_ miles one way to: \_\_\_\_\_.  
(Destination)

School District No. 25 will pay mileage at the current Board approved rate from the point of origin to the destination and return to point of origin, in addition to \$10.00 per student per month.

***I understand that the return of this form and the approval of payment is necessary prior to receiving money for In-Lieu-Of Transportation from School District No. 25:***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Transportation Coordinator

\_\_\_\_\_  
Date