SHORELINE UNIFIED SCHOOL DISTRICT P.O. BOX 198, TOMALES, CA 94971

MILEAGE CLAIM FOR PUPIL TRANSPORTATION

Name of child/children being transported and	attendin	g school:					
Name of School/Class:							
Name of Parent/Guardian providing transport	cation:						
Address of Parent/Guardian:							
Section 39806 of the California Education pay to the parents or guardian of a pupil a sum no transporting such pupils to and from the regular d In order to comply with this section of the days on which transportation was provided.	t to excee ay school	d the cost of the dis	of actual trict.	and necessa	ry travel incu	rred in	
□ Special Education □ McKinney Vento □ Other MONTH:							
Example: Monday Tuesday Wednesday Thrusday Friday	Monday	Tues	day W	ednesday	Thursday	Friday	
] [
INSTRUCTIONS TO PARENT:							
 Fill out calendar with appropriate date Enter exact amount of miles traveled a school to home into each appropriate Leave box blank if child was not in at Add total number of miles child was t Multiply total number of miles by .576 Total claim for the month = 	each day box. tendance ransporte 5 cents =	at schooled for enti	ing child l on that ire montl	specific day	у.	nd/or	
PARENT'S STATEMENT: I hereby certify that the Foregoing is an accurate statement of mileage, or Bus cost incurred by me in transporting children living in this household to and from school.			CERTIFICATE: One or more children of the travel reimbursement claim were in attendance at school on the days shown above, as evidenced by entries in the official School Registrar.				
Signed:			Signed:				
Date:		Date:					