

## Transportation Reimbursement Information and Agreement

Memo to: Parents of children enrolled in DuBard School who are eligible to receive transportation reimbursements

From: Missy Schraeder, Director, DuBard School for Language Disorders

The following is to explain the details of the **transportation reimbursements**.

ACCORDING TO STATE LAW, a parent may receive reimbursement for ONE ROUND TRIP per day at the rate of \$.20 per mile for each day his/her child attends. This assumes one parent/one child being transported. For families that carpool, please see the next paragraph for special instructions. Funding for transportation reimbursement comes from the MS Department of Education (MDE) Transportation Division. Receiving reimbursement does NOT take money away from school funds.

REGARDING CARPOOLING: According to the MDE, if several children ride together, only the DRIVER may be reimbursed, not the parent of every child riding. Also, only one round trip may be reimbursed. The state will not pay for the cost of going home and coming again in the afternoon (two round trips).

If several children are carpooled and the mileage is increased because of picking up several children at home, then the DRIVER may be reimbursed for that increased mileage. (Example: Round trip for Johnny Smith is 50 miles from his home to school and return. Mr. Smith transports Johnny AND Bobby Jones. Since Mr. Smith must go 5 miles out of the way to pick up Bobby, he is eligible for the additional 10 miles round trip per day. However, Mr. Jones is not eligible if he is not the driver.) Legally, if one parent brings the children and the other parent picks up the children, only one round trip can be reimbursed, not two.

If a parent drives from home to a meeting point to join the carpool, that parent is eligible for one round trip to the meeting point per day of attendance.

If you carpool with a non-DuBard School family, designate one person who will receive the reimbursement for the entire month. It will be up to those involved in the carpool to record the days that each person drove and then split up the reimbursement at the end of the month.

If you carpool with another DuBard School family, each family should indicate the exact miles drive **with children in the car** on the mileage reimbursement form. It is required that transportation reimbursement forms be submitted to your child's teacher on the last school day of every month. Blank transportation reimbursement forms have been included in this packet for the fall semester. Additional reimbursement forms will be distributed for the spring semester when students return in January.

# DUBARD SCHOOL FOR LANGUAGE DISORDERS TRANSPORTATION AGREEMENT

DuBard School for Language Disorders, a university-based program at the University of Southern Mississippi, is eligible to receive transportation reimbursement from the Mississippi Department of Education Transportation Division. Payment will be made at the rate of \$.20 per mile for one round trip for each day school is attended. In order to receive these payments, please complete the form below and return to your child’s teacher:

**Child’s Last Name:**

**Child’s First Name:**

I agree to provide transportation for my child to attend the USM DuBard School for Language Disorders. I understand that I will be reimbursed at the rate of \$.20 per mile for one round trip for each day my child attends the program according to the regulations of the Mississippi Department of Education, and that my report of attendance is due on the last day of each month.

Student’s Residential Address:

City, State, Zip Code:

**ONE ROUND TRIP FOR MY CHILD IS                      MILES**

Please select ONE:

I do not carpool (*OR*)

I carpool with \_\_\_\_\_ . Because I carpool (complete one *if applicable*):

- a) I drive an additional \_\_\_\_\_ miles round trip per day to pick up the child/children in my car pool.
- b) When I do not drive to USM, I must take my child to a meeting point to join the car pool. My round trip mileage to the meeting point is \_\_\_\_\_ miles.

Payments Made To (name):

Mailing Address #1:

Mailing Address #2:

City, State, Zip Code:

Parent/Legal Guardian

Approval (DuBard Staff)

Date

Date

**By submission of this form, parents/legal guardians attest to the accuracy of the information provided.**