

PICKERINGTON LOCAL SCHOOL DISTRICT
**APPLICATION FOR REIMBURSEMENT
IN LIEU OF TRANSPORTATION**
(School Year 18-19)

PLEASE PRINT

Pupil's Name: _____ Grade: _____
_____ Grade _____
_____ Grade _____

Address: _____

Zip: _____ Phone: (_____) _____

Parent Name(s) _____

Pupil will be attending: _____

Indicate the Pickerington Local School the pupil attends, or would be attending if not attending the private school: _____

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This section is to be completed by the principal of the school the student(s) will be attending.

The above information provided by the parent is correct for the beginning of the (school year).

Date: _____ Signature: _____

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*All portions of the application must be completed including principal's signature. All applications must be emailed to mimi_leonard@plsd.us by **September 30th, 2018**. Failure to return this form by the identified date will be interpreted as a withdrawal of your request for transportation reimbursement and no payment will be made.*