

Oahe Special Education Cooperative

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PARENTAL MILEAGE ALLOWANCE

Form 17

The Oahe Special Education Cooperative will pay a mileage allowance at the Parent Transportation State Rate to the parent or guardian of a child assigned to a special education program for the following necessary travel:

1. For full-time students assigned to another school.
 - a. To enter the student in school, and for the student to return home upon completion of his or her attendance at the assigned school.
 - b. The child's actual round trip from the school to home and back on vacation days.
 - c. One weekend trip home in any month that there is not a day of legal discontinuance.
 - d. The child's actual trips from the school and back required for medical reasons that have been certified by a physician or psychologist.
2. Part-time students assigned to another school district or qualified teacher not in the student's home district.
 - a. Mileage will be paid from the students' home district to the assigned location for each trip that the student actually received instruction, and the parent or guardian provided the transportation.
3. Other mileage allowances that are special education child related may be allowed, but, Board approval must be obtained before the mileage will be allowed.
4. The parent or guardian desiring reimbursement for authorized student travel shall submit a signed statement to the Oahe Special Education Board listing all travel accomplished during the school year. Such statements must be presented to the Board not later than the second Monday in June of the school year in which the travel was accomplished. Statements submitted after this date shall not be honored unless specifically approved by the Board.
5. A copy of this policy is to be given to the parent or guardian of a special education student when the IEP is written for the student, and a signed copy will be kept in the student's file.

We have received a copy of the Parent Transportation Policy for Special Education Mileage allowances.

Parent or Guardian Signature

Printed Name

Date

Printed Address

Social Security Number

Printed City, State and Zip