

Wisconsin Department of Public Instruction
FULL-TIME PUBLIC SCHOOL OPEN ENROLLMENT
TRANSPORTATION REIMBURSEMENT CLAIM 2008-2009 SCHOOL YEAR
PI-9413 (Rev. 4-08)
Collection of this data is a requirement of $s$. 118.51, Wisconsin Stats.
Check only one:


Full-Time Open Enrollment
Additional Year Tuition Waiver

INSTRUCTIONS: Fill out all information completely and accurately and submit to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION<br>PUBLIC SCHOOL OPEN ENROLLMENT<br>P.O. BOX 7841<br>MADISON, WI 53707-7841<br>Fax: 608-267-9207<br>Questions: 888-245-2732

## I. GENERAL INFORMATION

This is a claim for reimbursement of costs to transport eligible students participating in the Wisconsin full-time open enrollment program to and from school. Eligible students are those who are eligible for free or reduced price meals under the federal school lunch program (see information on the back of this form to determine if you qualify). All claims for a family should be submitted on a single form. A claim for reimbursement of actual costs of transportation to and from school may be submitted twice a year: once at the end of the first semester and once at the end of the second semester. All claims for the first semester should be submitted to the Department of Public Instruction (at the above address) no later than February 13, 2009, and all claims for the second semester must be submitted no later than July 17, 2009. TYPE OR PRINT legibly.

| Name of Parent or Guardian |  | Daytime Telephone Number Area/Number ( ) | For DPI use |  |
| :---: | :---: | :---: | :---: | :---: |
| Mailing Address |  | City | Zip Code |  |
|  |  | Wl |  |  |
| Residence Street Address If different from mailing address. |  | School District the Student(s) is Attending Nonresident District |  |  |
| II. STUDENT INFORMATION |  |  |  |  |
| Name(s) of Student(s) | Grade | School to Which Transportation Was Provided |  | For DPI Use |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| (Attach names of additional students on a separate page) |  |  |  |  |
| III. CLAIM INFORMATION |  |  |  |  |

The following information is needed to process this claim. Incomplete information will delay processing. False information may invalidate the claim. Total household income means gross income from all sources for all household members. Reimbursement will be made for actual costs of transporting the student(s) to and from school or to and from an alternate site that is no farther from the school than the student's home. Only mileage or costs for transportation to and from school on regular school days may be included. No reimbursement is permitted for transportation to and from extracurricular activities, parent-teacher conferences, etc. *lf mode of transportation was other than a family vehicle, see reverse for instructions.

| Semester for Which Claim is 1st $\square$ 2nd | Submitted | Number of Household Members |  |  | Indicate Monthly Household Income (See Section V) \$ |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\square$ Mode of Transportation: Family Vehicle |  |  |  |  |  |  |  |
| Total Miles <br> Round Trip$\|$Number of <br> Round <br> Trips per <br> Day | Total Number of Days Transported for the Semester X $\qquad$ | Reimbursement Rate $32 \$ / \text { mile }$ | Mileage Cost | Actual Cost* | Maximum Reimbursement \$1064.40/Student/Year \$532.20/Student/Semester |  | Lesser of Cost or Max. Reimb. |
| $\square$ Mode of Transportation: Public |  |  |  |  |  |  |  |
| Number of Daily or Weekly Bus Passes Purchased | Cost of Daily or | Neekly | Total Cost | Maximum Reimbursement \$1064.40/Student/Year \$532.20/Student/Semester |  | Lesser of Cost or Maximum Reimbursement. |  |
| Mode of Transportation: Other |  |  |  |  |  |  |  |
| Indicate Mode of Transportatio |  | Indicate Total Cost (attach receipt) |  | Maximum Reimbursement \$1064.40/Student/Year \$532.20/Student/Semester |  | Lesser of Cost or Maximum Reimbursement. |  |
| IV. ASSURANCES/SIGNATURE |  |  |  |  |  |  |  |
| I CERTIFY that the information provided is complete and correct. If requested, I will submit verification of income and mileage or costs. |  |  |  |  |  |  |  |
| Signature of Parent/Guardian |  |  |  |  |  | Date | Signed |

## V. ELIGIBILITY INFORMATION

## Household Size-Income Scale for Free or Reduced Price Lunch under the Federal School Lunch Program* July 1, 2008, to June 30, 2009

The applicant is eligible for reimbursement of open enrollment transportation costs if the household income** is at or below the amount on the table:

| Household Size | Monthly Income | Annual Income |
| :---: | :---: | :---: |
| 1 | $\$ 1,604$ | $\$ 19,240$ |
| 2 | 2,159 | 25,900 |
| 3 | 2,714 | 32,560 |
| 4 | 3,269 | 39,220 |
| 5 | 3,824 | 45,880 |
| 7 | 4,379 | 52,540 |
| 7 | 4,934 | 59,200 |
| 8 | 5,489 | 65,860 |
| for each additional <br> household member add: | 555 | $\$ 6,660$ |

* It is not necessary to have applied for or be receiving free or reduced-price lunch to be eligible for open enrollment transportation reimbursement. It is necessary only to meet the income requirements for that program.
** Household income includes income from all sources, including but not limited to: gross earnings, welfare payments, child support, alimony, pensions, retirement and social security. Income from all household members must be counted, whether related or not.

Calculation of Household Income (Complete either 1 or 2)

1. Foster Child. If the child is a foster child, list the child's monthly personal income. Write " 0 " if the child has no personal use income. \$ $\qquad$
2. Household Members and Monthly Income

|  |  | Gross Monthly Earnings <br> (Before Deductions) <br> Job 2 | Monthly Income <br> from Welfare <br> Payments, Child <br> Support, Alimony | Monthly Income <br> from Pensions, <br> Retirement, <br> Social Security | Any Other <br> Monthly Income |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| a. | $\$$ | $\$$ | $\$$ | $\$$ | $\$$ |  |
| b. | $\$$ | $\$$ | $\$$ | $\$$ | $\$$ |  |
| c. | $\$$ | $\$$ | $\$$ | $\$$ | $\$$ | $\$$ |
| d. | Totalsehold Members | $\$$ | $\$$ | $\$$ | $\$$ | $\$$ |
| e. | $\$$ | $\$$ | $\$$ | $\$$ |  |  |

If your income varies from month to month, calculate your expected annual income from July 1, 2008, to June 30, 2009, and divide by 12.

## VI. CALCULATING MILEAGE AND COST

If transportation is provided by family vehicle, the reimbursement is equal to the total miles times 32 cents per mile or the maximum reimbursement whichever is less. It is recommended that the parent keep a daily log to keep track of the miles transported. Total miles should be calculated as follows:

- Determine the number of miles in a round trip to and from school. If children within the family are being transported to different schools, the mileage for the total round trip should be calculated. For example, if two children are transported to schools A and B, the round trip is calculated from home to school A to school B and back home. If the parent drives from home to school, then on to work, only the miles from home to school and from school to home may be included. If the transportation begins at a point other than home, for example a day care provider, only the transportation from the alternative starting point to school may be counted. For example, if the parent drives the student to a day care provider and the day care provider drives the student to school, the miles from home to the day care provider may not be counted.
- Determine the number of round trips per day. For example, if a high school student drives to school, leaves the car at school during the day and drives home, this is one round trip. If a parent drives a student to school in the morning, then returns home and drives to school to pick the student up in the afternoon, this is two round trips. If more than two round trips are claimed, attach an explanation.
- Determine the total number of days transported in the semester. Only regular school days that the child attends may be counted.
- Calculate the mileage reimbursement cost.

The number of miles in a round trip
$x$ The number of round trips per day
$x$ The number of days transported
x 32 cents per mile
$=$ The mileage reimbursement cost
If the mode of transportation is public transportation (for example, a city bus), the reimbursement is equal to the daily fare times the number of days of transportation or the maximum reimbursement* whichever is less.

If another mode of transportation is used, the reimbursement is equal to the actual cost of the transportation or the maximum reimbursement* whichever is less. For example, if the student is picked up by a school bus at a bus stop in the nonresident school district and if the nonresident school district charges a fee for this transportation, the actual cost to the parent may be reimbursed. The parent must obtain a receipt and send it to the department with the claim.

If more than one mode of transportation is used (for example, if the student takes a city bus in the morning and the parent picks the student up in the afternoon), the cost of each type of transportation should be computed separately and an explanation should be attached. Again, the reimbursement is equal to the actual and/or mileage cost or the maximum reimbursement,* whichever is less.
*Maximum reimbursement. Section 118.51 (14) (b), Wisconsin Statutes, specifies that the maximum reimbursement per student is equal to three times the statewide average per pupil transportation cost. For the 2008-2009 school year, this maximum is equal to $\$ 1,064.40$ per student per year ( $\$ 532.20$ per student per semester).

$$
\begin{array}{ll} 
& \$ 1,064.40 \\
\times & \text { number of eligible students } \\
= & \text { maximum reimbursement }
\end{array}
$$

If the mileage or actual cost is less than the maximum reimbursement, the parent will be paid the mileage or actual cost; otherwise, the parent will be paid the maximum reimbursement. If the total of all reimbursement claims exceeds the appropriation, each family's total reimbursement for the year will be prorated accordingly. In such a circumstance, late claims will not be paid.
Questions about this form may be directed to Mary Jo Cleaver, Open Enrollment Administrator, Toll Free at 1-888-245-2732, extension 2, then 1, (maryjo.cleaver@dpi.wi.gov); or Joan Thompson, Office Operations Associate, Toll Free at 1-888-245-2732, extension 6 (joan.thompson@dpi.wi.gov).

