Freeman Public Schools
CLAIM FOR SPECIAL EDUCATION TRANSPORTATION

This mileage record must be turned into your school district administrator on or before the end of each month. If you would like a copy for your records, please request a copy when turning this form in to the office. If you have any questions you may contact Glenda Kuster at 988-2525 Ext. 101. Thank you!

Parent/Guardian Name and Address:

Student's Name:

Month	Day	Year	Destination	Purpose	No. of Miles

My signature verifies that the total numbers of miles claimed on this report are actual miles driven to provide special education services for the above named student.

_____

Signature of Parent/Driver

Please return completed form to Glenda Kuster, Freeman Public Schools, 415 8th Street, PO Box 259, Adams, NE 68301

This section for District Office Use Only

Approved for payment @ 51 cents per mile

Total Claim $_____ Authorized District Signature: _____