

Certification of Transportation

**For Home Trips for Daily Pupils At**

**Kentucky School for the Blind**

**and/or**

**Kentucky School for the Deaf**

District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Number: \_\_\_\_\_\_\_\_\_\_\_

***Reminder***: *Daily trips cannot be over 177 days per school year*

Return via email to Ann Culbertson

Email address: ann.culbertson@education.ky.gov

| Name of Pupil | Please Indicate KSB or KSD | Round Trip Miles by Nearest Traveled Route | Number Days Transported |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |   |  |  |
| 8. |  |  |  |
| 9. |  |   |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12 |  |  |  |
| Line to total number of home visits |  | **TOTAL:** |  |

**Please e-mail to the above address.**

I hereby certify that the trips shown above were made during the time period show to provide for the transportation of pupils to and from the Kentucky School for the Blind and the Kentucky School for Deaf. I hereby request reimbursement for same.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

Document Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Daily Form Instructions

The form is **due by May 31st**. Districts transporting day pupils receive reimbursement through the SEEK Final Transportation Calculation.

Please group pupils in the same school together. Each district must enter:

1. Your district’s name, number and the school year that you are applying reimbursement for.
2. List each pupil’s name.
3. Indicate the school attending; Kentucky School for the Blind (KSB) or Kentucky School for the Deaf (KSD).
4. Enter the total number of days your district provided transportation.
5. Enter mileage provided per pupil from their residence to KSB or KSD for the school year.
6. The superintendent must sign and date the form.
7. The person who prepared the document must sign & list a phone number so we may contact.

Reminder:

A district may share with another district the trip mileage to get a pupil to and from either KSB or KSD. The mileage can be divided accordingly.

For example, a district’s mileage to transport the student to KSB is 00 miles. The district shares with another district the transportation by dropping the student in the next district. The first district will get 25 miles for dropping the student and the next district will get the remaining 75 miles from their district to KSB. The days should be reported as to the number of days the student attended the school but not over 177 days.

Another example, a district alternates days or months with another district. The mileage should be reflected appropriately for each district for only the mileage for pick up to drop up either at the school or from your district to the other district drop off point, Notate on form who shares the transportation with your district.

Districts that use cooperatives that organize the transportation for the blind and/or deaf students should contact the cooperative and not send this form to KDE. The cooperative will instruct the district on what they need to do in order to complete this payment process.