



Transportation Department

800 Delray Road
Augusta WV 26704

Phone: 304-496-1504
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E-mail: cdavis@k12.wv.us



**Hampshire
County
Board of Education**

Transportation In-Lieu Application

Parent/Guardian:

In the event you plan to participate in the In-Lieu Transportation Program for the 2017-2018 school term, please furnish the information requested below.

FATHER'S NAME _____ TELEPHONE _____

MOTHER'S NAME _____ TELEPHONE _____

911 ADDRESS _____

CITY _____ STATE _____ ZIP _____

DETAILED DIRECTIONS TO YOUR HOME _____

CHILD(REN)'S NAME(S)	AGE	GRADE	SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does an IEP require you to transport your child? Yes _____ No _____

Total miles ***per day round trip*** to the ***nearest bus stop/school***: _____ miles

(this **DOES NOT** include subdivision or private road mileage. State maintained road mileage only that the bus does not travel)

ALL REQUESTS AND MILEAGE WILL BE CHECKED AND VERIFIED BY SUPERVISOR.

Please return this letter with the above information as soon as possible. If the Board of Education approves your request, time sheets will be mailed to you. The time sheets are to be completed, signed, and returned to the above address, emailed or Bus Garage **MONTHLY**. Any questions please call 304-496-1504.

Sincerely,

Calvin B. Davis

Transportation Supervisor

Supervisor Approved: _____