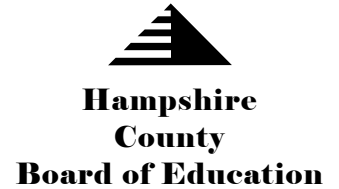




**Transportation Department**

800 Delray Road  
Augusta WV 26704

Phone: 304-496-1504  
Fax: 304-496-1501  
E-mail: cdavis@k12.wv.us



**Transportation In-Lieu Application**

Parent/Guardian:

In the event you plan to participate in the In-Lieu Transportation Program for the 2018-2019 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: \_\_\_\_\_