



**Transportation Department**

800 Delray Road  
Augusta WV 26704

Phone: 304-496-1504

Fax: 304-496-1501

E-mail: j.see@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 2022-2023 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.

Supervisor Approved: \_\_\_\_\_

Sincerely,  
*J.W. See III*  
Transportation Supervisor



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## Transportation In-Lieu Monthly Mileage Report

PARENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

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

Please be advised that payment will only be made for days that your child is actually present in school. This will be verified through WVEIS. Please mail, email, fax, or return this report monthly to the above address.

Please insert the number of ACTUAL MILES driven (round trip) each day to bring Your child(ren) to/from the designated bus pick-up location.

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

**ALL ATTENDANCE AND MILEAGE WILL BE CHECKED BY SUPERVISOR.**

Month \_\_\_\_\_

2022-2023

Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL MILES
					_____

I certify that the above mileage is correct and true.

Signature of Parent or Guardian \_\_\_\_\_

Office Use Only:

Verified by Supervisor \_\_\_ WVEIS \_\_\_ Supervisor Signature \_\_\_\_\_