

CLAIM FOR PAYMENT IN LIEU OF TRANSPORTATION
CLAY COUNTY SCHOOLS

NAME OF STUDENT _____

NAME OF PARENT OR GUARDIAN _____

ADDRESS OF STUDENT _____

STATEMENT

I hereby certify that I am a student at _____ School in Clay County, West Virginia, and I live _____ miles (round trip distance) from school or a regularly established school bus route (the distance being measured by the nearest available road or path).

Student Signature

STATEMENT OF PRINCIPAL OR TEACHER

This is to certify that I above personally investigated the claim of the above student, _____, and have found the above statement to be true and correct, and this student is entitled to payment in lieu of transportation under the school law of West Virginia and the rules and regulations of the Clay County Board of education.

According to the records of the _____ School for the school year _____, the above-named student, _____, was in attendance _____ days during the _____ School months.

Principal or Teacher Signature

COMPLETE AND TURN IN TO THE BOARD OFFICE BY DECEMBER 20, MARCH 20, AND AT THE ASSIGNED CHECK-IN TIME FOR YOUR SCHOOL.

OFFICE USE ONLY

_____ DAYS X _____ PER DAY = _____