



ISD 318
820 NORTHWEST FIRST AVENUE
GRAND RAPIDS, MINNESOTA 55744

ISD 318 hereby authorizes:

PARENT/GUARDIAN: _____	
ADDRESS: _____	
CITY: _____	ZIP: _____
PHONE: _____	

To transport his/her student(s) to and/or from the student's school of attendance each day school is in session for the **2019-20** school year. Your mileage will be paid for a maximum of one round trip per school day. The reimbursement rate will equal the IRS rate which is currently **\$0.58** per mile. **Round trip / One-way** mileage per day is _____ miles. If you wish to use the district's transportation services for any part of your student's school day, please notify staff of those needs.

Authorized by:

Greig Olson, ISD Transportation Director Date

ISD Special Services Director/Assitant Director Date

STUDENT NAME	DATE OF BIRTH	SCHOOL OF ATTENDANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby agree to transport my student(s) on the terms stated above.

Start Date: _____

Parent/Guardian Signature Date

STAFF NOTES & CODE: 03-005-760-000-723-361
