



STUDENT INFORMATION

Name of Student _____

STN _____

Date of Birth _____

TRANSPORTATION WAIVER REQUEST FORM

I hereby acknowledge, understand, and agree that by completing this form, I am making a formal request for a waiver of the transportation expenses limit of \$750 per school year. I understand that to be a Qualified Expense, fees for transportation must be to and from an approved special education service provider. I understand that I am not guaranteed this waiver and understand my request for said waiver may be denied. **If granted, the waiver allows an additional \$750 of your ESA funds allocated to be used for transportation. The amount for transportation may not exceed \$1,500 annually.**

Please select ALL waiver justifications that apply:

- The approved special education service provider of my choice is more than 15 miles from my residence of record.
- I wish to maintain a relationship with my student’s current approved special education service provider, and that provider is more than 15 miles from my residence of record.
- I claim hardship related to finances, transportation, scheduling conflicts, or other hardships which impact my ability to travel to and from the approved special education service provider.
- Student requires a specialized vehicle to travel to/from the approved special education service provider.
- Student services have recently increased in frequency.

Based on this selection, I understand that additional documentation or information may be requested of me in order for a waiver determination to be made. I understand that an incomplete form will not be processed, and will be returned for completion. I must complete this waiver each school year, and only one waiver may be completed per school year.

PARENT INFORMATION

Printed Name of Parent/Guardian/Emancipated Eligible Student

Date

Signature of Parent/Guardian/Emancipated Eligible

INTERNAL

Staff review _____

Date _____

Approve Deny