

Certification of Transportation

**For Home Trips for Resident Pupils At**

**Kentucky School for the Blind**

**and/or**

**Kentucky School for the Deaf**

# District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Number: \_\_\_\_\_\_\_\_\_\_\_

***Reminder*: *Home trips cannot be over 37 round trips per school year***

Return via email to Ann Culbertson

Email address: ann.culbertson@education.ky.gov

| Name of Pupil  | Please Indicate KSB or KSD | Home District  | Number of Home Visits |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |   |  |  |
| 8. |  |  |  |
| 9. |  |   |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12 |  |  |  |
| Line to total number of home visits |  | **TOTAL:** |  |

**Please e- mail or fax the certified copy to the above address or fax number.**

I hereby certify that the trips shown above were made during the time period show to provide for the transportation of pupils to and from the Kentucky School for the Blind and the Kentucky School for Deaf. I hereby request reimbursement for same.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

Document Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Resident Form Instructions

The form is **due by May 31st**. Districts transporting resident pupils will receive reimbursement in June.

Please group pupils in the same school together. Each district must enter:

1. Your district’s name, number and the school year that you are applying reimbursement for.
2. List each pupil’s name.
3. Indicate the school attending; Kentucky School for the Blind (KSB) or Kentucky School for the Deaf (KSD).
4. List pupil’s home district.
5. Enter the total number of home visits provided per pupil for the school year.
6. The superintendent must sign and date the form.
7. The person who prepared the document must sign & list a phone number so we may contact.

Reminder:

* + - 1. Short course pupils’ weekly trips should equal no more than the weeks in attendance at the respective school.

For example, a pupil attends February 1 through February 28. There are only four Friday’s available for home trips, therefore only four trips should be reported.

A round trip is transporting children each way. If you take children on Monday and come back to your district, this is ½ trip. When you return on Friday to pick up and bring the children home that is ½ trip.

1. If a district shares with another district the trip to get that pupil to and from the school for the deaf or the school for the blind the trip can be shared by dividing the trip accordingly.

For example, a district transports on Sunday to either school and another district transports on Friday. Each district can claim ½ a trip on the form.

Districts that use cooperatives that organize the transportation for the blind and/or deaf students should contact the cooperative and not send this form to KDE. The cooperative will instruct the district for what they need to do to complete this payment process for your district.