

BRAXTON COUNTY SCHOOLS
REQUEST FORM FOR PAYMENT
WALKING STUDENTS

STUDENT NAME: _____ STUDENT ID # _____
PARENT/GUARDIAN NAME: _____ PHONE # _____
ADDRESS: _____
SCHOOL: _____ GRADE: _____
BUS OPERATOR: _____ BUS # _____

WALKING STUDENT RATES: \$1.00 PER MILE WITH A PRO-RATION OF .10 PER TENTH OF A MILE OVER TWO MILES MINIMUM.

(Example: If the distance from your home to the nearest bus stop measures 2.5 miles, the amount paid would be the amount over 2.0 miles. The student would be approved to receive .50 per day.)

MILEAGE WILL BE PAID ON A ONE-WAY BASIS ONLY.

CHECKS WILL BE PROCESSED AND MAILED AT THE END OF THE SCHOOL YEAR.

MILEAGE WALKED ONE WAY: _____. PLEASE GIVE COMPLETE DIRECTIONS TO YOUR HOME.
PLEASE GIVE STYLE AND COLOR OF YOUR HOUSE, LOCATION OF **NEAREST** BUS STOP AND ROUTE
NUMBERS OR NAMES OF ROADS WHERE YOU TURN TO GO TO YOUR HOME.
IT WOULD BE HELPFUL IF YOU WOULD DRAW A MAP ON THE BACK.
(IF THIS IS THE SAME AS LAST YEAR, YOU DO NOT NEED TO COMPLETE THIS SECTION.)

ON WHAT DATE DID YOUR CHILD BEGIN WALKING TO THIS BUS STOP? _____

SIGNATURE OF STUDENT: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

CERTIFICATION OF TRANSPORTATION DIRECTOR

I DO HEREBY CERTIFY THAT THE STUDENT LISTED ABOVE SHOULD BE PAID \$ _____/DAY FOR WALKING
A TOTAL OF _____ MILES ONE-WAY.

TRANSPORTATION DIRECTOR