

To: Nodaway Valley Community School District  
From: Des Moines Christian School

**NON-PUBLIC TRANSPORTATION  
REIMBURSEMENT CLAIM**

I, \_\_\_\_\_, hereby claim reimbursement for costs to  
(Print name of Parent or guardian)

provide transportation to attend Des Moines Christian School during the \_\_\_\_\_  
(1<sup>st</sup> or 2<sup>nd</sup>)  
semester of the 2003-2004 school term.

List below the names of your child/children who, as residents of the school district  
were transported at private expense during the claim period:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please indicate the distance to the school one way. (Circle one)

**0 to 2 miles          2 to 4 miles          4 to 8 miles          over 8 miles**

I verify that this claim meets all the requirements for transportation reimbursement in  
accordance with Chapter 285 of the Iowa Code.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Address of Parent or Guardian