

## NONPUBLIC SCHOOL APPLICATION AND CERTIFICATION

**Submit by October 15 to:**

Westonka Public Schools  
 Attn: Student Accounting  
 5901 Sunnyfield Road E, Suite A  
 Minnetrista, MN 55364  
 Fax: 952-491-8012  
 Email: marcyl@westonka.k12.mn.us

For School Year \_\_\_\_\_

### APPLICATION FOR IN-DISTRICT TRANSPORTATION ASSISTANCE RESIDENT PUPILS ATTENDING OUTSIDE OF DISTRICT

**School Information**

\_\_\_\_\_  
 Name of School

\_\_\_\_\_  
 Contact Person

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, ZIP

School Dates: Open \_\_\_\_\_ Close \_\_\_\_\_

Hours: Start \_\_\_\_\_ Dismiss \_\_\_\_\_

Days: In Session \_\_\_\_\_ Holidays \_\_\_\_\_

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Phone

Grades Taught (Circle)	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
Total School Enrollment in Nonpublic School														
District Residents Enrolled in Nonpublic School														
District Residents Transported For Which You are Claiming Reimbursement														

The undersigned hereby certifies that the school requesting transportation assistance qualifies as a nonpublic school for such assistance in accordance with provisions of M.S. 120A.22, subd. 4, and that the nonpublic school agrees to make such transportation arrangements as necessary to insure a complete trip to the nonpublic school and to file such reports as necessary for the resident school district to obtain state reimbursement aid for the in-district transportation costs.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 School Administrator or Principal