

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: dedonmezeid@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