

# Office of the Maricopa County School Superintendent



Enclosed you will find the necessary application needed to re-apply for unorganized territory mileage as well as the current claim form. A new application is required each school year mileage is claimed. It is not necessary to resubmit a new application each month.

Please complete every area of the form, leaving no blanks. Form **must** be signed by both the parent and principal of the school the child is attending. Your residence parcel number can be found on your tax bill or online at <http://maricopa.gov/Assessor/ParcelApplication/Default.aspx>.

Once you have submitted the application to our office, you may begin completing and submitting monthly transportation aid claims. ***Please note claims must be made within 60 days of the last day of the month.*** For example, a claim for the month of August with the last date claimed of August 31, 2023 must be received no later than October 29, 2023 Both the parent (vendor) and the **principal** must sign the form attesting to the accuracy of the information provided. **Incomplete claims will not be processed.**

Mileage reimbursement is payable only to a parent/guardian transporting a child or children **residing** in unorganized territory and attending a **public school**. Transportation of children attending charter schools or private schools from unorganized territory is ineligible for reimbursement. Mileage reimbursement is only applicable to **one round trip daily per family/household**. If you have any questions, please feel free to contact [FinanceDesk@maricopa.gov](mailto:FinanceDesk@maricopa.gov).

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## Application for Transportation Aid

Please **print** the following information. *Incomplete applications will be returned and will not be processed until completed.* Please submit only one application per school year unless information changes. Thank you!

County Vendor Number & Name: \_\_\_\_\_

Name of Driving Parent: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Child's residence while attending school: \_\_\_\_\_

If different from parent's address, please explain: \_\_\_\_\_

How far will the child live from the nearest school? \_\_\_\_\_

What is the distance to the nearest school bus stop? \_\_\_\_\_

Will you be sharing the driving responsibilities with other families? \_\_\_\_\_

If so, please provide the name(s) of the other parent driver(s): \_\_\_\_\_

(Use other side if more space is needed)

Child(ren) being transported:

Name	DOB	Grade	School Name & Address	AZ SAIS ID# (Contact School)
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**I do affirm that the above information is true and correct.**

Driving Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness/Teacher: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(Print Name)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Signature)

School Principal: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(Print Name)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Signature)