

**Plainfield Community Consolidated School
District 202**

We prepare learners for the future.



Parent Mileage Claim Form

Parent Name _____ **Student Name** _____

Address _____

Telephone _____ **Year, Make and Model of Car:** _____

Date	Departure Time	FROM	Arrival Time	TO	# of Miles

Warnings and Affirmation

I affirm that the information presented in this mileage claim form is true, complete, and accurate. The school district will pursue legal action against a person who knowingly or willfully presents to any School District any false information regarding the reimbursement of transportation costs. Illinois law has made it a crime, punishable by imprisonment and fine, (1) to knowingly or willfully present any false information regarding the residency of a student for purposes of enabling that student to attend on a tuition-free basis or (2) to knowingly enroll or attempt to enroll a student on a tuition-free basis when the student is known to be a non-resident of the District. (105 ILCS 5/10-20.12b)

Signature of Parent _____ **Date Submitted** _____

Total Miles Claimed _____