



Timothy Maclure, Principal Stephanie Sawyer, Assistant Principal Robert Kallajian, Assistant Principal

141 Tuckie Road North Windham, CT 06256 (860) 465-2610 Fax (860) 942-8736

Dear Parents/Guardians,

Please complete the form if you are interested in and qualify for the Out-of-District transportation reimbursement grant. This past July, the state revised the criteria for qualifying for the grant. Please visit the Barrows website to view a copy of the revised grant information.

Barrows Out-of-District School Transportation <u>Grant Reimbursement Permission</u>

Name of Student(s):	
School Year:	Grade:
Parent/Guardian Name:	
Address:	
Phone: (Home)	
(Cell)	
Email address:	
I take full responsibility to get my student to school on ting and EASTCONN for any injury or inconvenience incurred EASTCONN to apply for transportation grant reimbursen 1. Parents/Guardians must provide the student(s) transposchool year. 2. The student may not reside in the same town as the school. 3. May be used only when no bus is provided between the be used to accommodate individual circumstances when a 4. Reimbursement to parents with 1 or more students at the day, not to exceed \$900.00 annually per the State Departree.	d during transport. I give my permission for nent on my behalf, providing the following: rtation to and from school during the entire ool. resident town and school, additionally may not a bus is provided. ne same school is limited to a total of \$5.00 per
This form and the W-9 must be returned to Barrows's	main office by Friday September 10, 2021.
Signature:	Date: