CLAI	IM FOR TRANSPORTATION	
l,(Parent or Guardian)	_ do solemnly swear (or affirm)	that I am a resident of Wirt
County, and that my child attends	(School)	, that this school (or bus
route) is two miles or more from my l	home by road or by path.	
Signed(Parent or Guardian)	Name of Pupil_	
Address	Teacher	
	Date	
at(School) below, is a true transcript of their at accurately kept and regularly marks	for the month of	(Parent or Guardian), 20, given
NAME OF STUDENT	DAYS PRESENT	
Signed(Teacher)		
OFFICE USE ONLY:  Days Present X Dail	y Rate =	Total Amount Due