



*Innovation • Inspiration • Excellence for All*

## **Transportation Eligibility Mileage Check Request Form**

Name of student: \_\_\_\_\_ Date: \_\_\_\_\_

School of Attendance: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

\*Please submit request via email at [YonkersTransportation@yonkerspublicschools.org](mailto:YonkersTransportation@yonkerspublicschools.org)

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### **TRANSPORTATION DEPARTMENT ONLY**

#### **ROUTE NOTES:**

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FINISH MILEAGE: \_\_\_\_\_

START MILEAGE: \_\_\_\_\_

TOTAL: \_\_\_\_\_

#### **Conducted By:**

YPS Employee (driver) \_\_\_\_\_

Mileage check: ☐ **APPROVED-ELIGIBLE** ☐ **DENIED-NOT ELIGIBLE**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**