



## Transportation Eligibility Mileage Check Request Form

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

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

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**ROUTE TAKEN BY YPS EMPLOYEE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Mileage check done by vehicle # \_\_\_\_\_

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

Mileage check:  APPROVED  NOT ELIGIBLE

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

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