

**ILLINOIS STATE BOARD OF EDUCATION**

Funding and Disbursements Division  
 100 North First Street, E-320  
 Springfield, IL 62777-0001

**INTER-DISTRICT DRIVER EDUCATION REIMBURSEMENT CLAIM**

**INSTRUCTIONS:** School Districts are to use this form when claiming reimbursement for the costs exceeding state reimbursement for students who receive drive education from a school district in which they do not reside (see Section 105 ILCS 5/27-24.4 of *The School Code of Illinois.*)

<b>TO:</b>	DISTRICT NAME AND NUMBER	ADDRESS (Street, City, State, Zip Code)	COUNTY
<b>FROM:</b>	DISTRICT NAME AND NUMBER	ADDRESS (Street, City, State, Zip Code)	COUNTY

The following students who reside in your district were provided Driver Education, classroom and/or laboratory instruction, during the fiscal year, (July 1, 20 \_\_\_\_ - June 30, 20 \_\_\_\_ ), at the request of \_\_\_\_\_ High School, located at \_\_\_\_\_ Address (Street, City, State, Zip Code) \_\_\_\_\_ in our district.

STUDENT NAME	ADDRESS (Street, City, Zip Code)	CLASSROOM			LABORATORY			
		Pass	Fail	Repeat	Pass	Fail	Repeat	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We have claimed the Illinois State Reimbursement as authorized by law for those students listed. This statement represents actual school district per capita costs that exceeds the State reimbursement for presenting the Driver Education course.  _____ Date Original Signature of District Superintendent  _____ District Name and Number		Total Number of Students						
		Per Capita Cost						
		State Reimbursement						
		Cost Exceeding State Reimbursement						
		Excess Costs X Number of Students						
		<b>TOTAL CLAIM</b>						