

PLEASE RETURN NO LATER THAN DECEMBER 5, 2013

AFFIDAVIT OF ATTENDANCE  
FOR  
PARENT REIMBURSEMENT

**SEND TO:**

Marion Independent School District  
Transportation Department  
150 3<sup>rd</sup> Avenue  
Marion, IA 52302

\_\_\_\_\_  
NAME OF PARENT / GUARDIAN

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

DISTANCE TO SCHOOL BY MILES ~ ONE WAY ONLY:

Grades K – 8: \_\_\_\_\_

Grades 9 – 12: \_\_\_\_\_

I hereby certify that the pupils listed below attended this school for the period beginning

\_\_\_\_\_ and ending \_\_\_\_\_.

I further certify the place of residence meets the distance requirements to qualify for parent reimbursement in accordance with the provision of the Iowa Code and the safety requirements of the Marion Independent School District.

STUDENT NAME(S)	SCHOOL ATTENDING	GRADE	MODE OF TRANSPORT

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SCHOOL PRINCIPAL

\_\_\_\_\_  
DATE