**GAS CARD RECEIPT FORM**

## NO. OF CARDS TOTAL AMOUNT $\_\_\_\_\_\_\_\_\_\_ DATE GIVEN GOOD THRU \_\_\_\_\_\_\_\_\_\_\_\_\_

**I UNDERSTAND that the gas card/s I am receiving are provided by Federal fundingand are to be used ONLY for the purposes described below. Misuse is equivalent to federal fraud.**

* Transportation to students to/from school within the district or across district boundaries
* Transportation to/from my child/ren’s doctor’s appointment relating to school attendance
* Transportation to/from an immunization appointment
* Transportation for other needs that might arise in connection to school attendance (conferences, school events, etc.)

**Daily school attendance is mandatory in order to be eligible for gas cards.**

***Failure to comply with any of the requirements will result in cancellation of this service.***

### PARENT’S NAME (Signature)

**PARENT’S NAME (Printed)**

**STUDENT(S) NAME(S)**  **ID #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL**  **RESIDENCY CODE**  \_\_\_\_\_

**----------------------------------------------------------------------------------**

**GAS CARD RECEIPT FORM**

## NO. OF CARDS TOTAL AMOUNT $\_\_\_\_\_\_\_\_\_\_ DATE GIVEN GOOD THRU \_\_\_\_\_\_\_\_\_\_\_\_\_

**I UNDERSTAND that the gas card/s I am receiving are provided by Federal fundingand are to be used ONLY for the purposes described below. Misuse is equivalent to federal fraud.**

**I UNDERSTAND that the gas voucher/s I am receiving are provided by *federal funding* and are to be used ONLY for the purposes described below:**

* Transportation to students to/from school within the district or across district boundaries
* Transportation to/from my child/ren’s doctor’s appointment relating to school attendance
* Transportation to/from an immunization appointment
* Transportation for other needs that might arise in connection to school attendance (conferences, school events, etc.)

**Daily school attendance is mandatory in order to be eligible for gas cards.**

***Failure to comply with any of the requirements will result in cancellation of this service.***

### PARENT’S NAME (Signature)

**PARENT’S NAME (Printed)**

**STUDENT(S) NAME(S)**  **ID #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL**  **RESIDENCY CODE**  \_\_\_\_\_