

**GAS VOUCHER RECEIPT FORM**

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

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 \_\_\_\_\_ HOMELESS CODE \_\_\_\_\_



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