

Out-of-Town Magnet School Transportation Grant Application

LEA Code	Contact Person	Telephone	E-Mail Address
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Schedule 1 Magnet School and the Estimate of Students Transported by Town of Residence			
Name of School (Col. 1)	Town of Residence (Col. 2)	Enrollment * (Col. 3)	Students Transported (Col. 4)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		TOTAL	_____

Schedule 2 Estimated Costs by Transportation Type and Number of Students Transported					
Line #		Fall Estimated Number of Students (Col. 1)	Fall Initial Estimated Costs (Col. 2)	Spring Number of Students Transported (Col. 3)	Spring Revised Estimated Costs (Col. 4)
13	School Bus or Van Operated By District				
14	School Bus or Van Under Contract				
15	Public Transportation				
16	Private Transportation				
17	Contract with Parent With Cap of \$5.00 per Day				
18	Totals				

* For fall submission, prefilled with estimate from Form ED614, Application for Interdistrict Magnet School Funds.
 For spring submission, prefilled with actual from Public School Information System (PSIS) October Collection.