SBAP Special Transportation Student List

2011-2012 School Year

Directions:

❶ Enter the student's name.

❷ Enter the student's date of birth.

❸ List the start **OR** end dates when transportation will begin or end for the current school year.

❹ Enter the name of the LEA(s) that is providing and claiming MA reimbursement for the student's SBAP service. Do NOT enter school building names.

❺ SBAP *Deferred Claims Submission* option:

- To defer all students on the list, select the *Defer all students* checkbox.
- To defer only certain students on the list, select those students using the *Defer this student* column.

LEA name _____

❺ ☐ Defer all students

-or-

❶ Student last name	First name	❷ DOB	❸ Start **OR** end date	❹ Other LEA(s) providing and claiming health services for the student	❺ Defer this student
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Signature _____ Phone _____

Notes

Mail completed forms to:
Leader Services
PO Box O, Hazleton, PA 18201-0058
or fax: 570.455.4526