



THE SCHOOL DISTRICT OF PHILADELPHIA

Department of Transportation Services
440 N Broad St, Suite 311
Philadelphia PA 19130-4015

Telephone (215)-400-4350

PARENT FLAT RATE PILOT FORM

School Information - Please print all information

Name of School: _____ School #: _____

Address of School: _____

City: _____ State: _____ ZIP: _____

Student and Driver Information - Check here if student has new address:

Name of Student(s) _____

Address of Student(s) _____ Apt# _____

City: _____ State: _____ ZIP: _____

Date of Birth: ____/____/____ Grade Level: _____ Student ID (if known) _____

Name of the Person to be Reimbursed _____

(If different) Address of Driver _____ Apt# _____

City: _____ State: _____ ZIP: _____

Email address where driver can be reached: _____

Social Security Number of Person to be Reimbursed ____ - ____ - ____ - ____ - ____ - ____

Vehicle Information - (You may need to refer to your owner's card)

Make (i.e., Toyota) _____ Model (i.e., Camry) _____

Model Year _____ License Plate _____ No. Seats _____

Manufacturer's Number (VIN) - This must be correct to receive payment.
____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

School Verification - Only to be filled out by school officials		Month and Year of Req. ____ - ____
Print name: _____	# of In-Person Days in Attendance _____	
Check the box that represents your school's reopening plan:	<input type="checkbox"/> Virtual	<input type="checkbox"/> In-Person <input type="checkbox"/> Hybrid
Signature : _____	Title _____	
Email: _____	Phone # _____	
To be filled out by SDP Admin:		
Distance to School _____	Total Payment: _____	