

ED021  
 REVISED 7/2019  
 DATA YEAR: 2019-20  
 STATUTORY REF.: C.G.S. 10-264i(a) & (b)

STATE OF CONNECTICUT  
 DEPARTMENT OF EDUCATION  
 FINANCE AND INTERNAL OPERATIONS OFFICE  
 BUREAU OF FISCAL SERVICES  
 450 COLUMBUS BOULEVARD  
 HARTFORD, CT 06103-1841

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)	
_____	_____	999	_____	
_____	_____	999	_____	
_____	_____	999	_____	
_____	_____	999	_____	
		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, estimate from Form ED614, Application for Interdistrict Magnet School Funds.  
 For spring submission, actual from Public School Information System (PSIS) October Collection.