



## TRANSPORTATION REIMBURSEMENT REQUEST

**Please Print**

Name of Student 1: \_\_\_\_\_

Grade student will be in for the 2019-20 school year: \_\_\_\_\_

Name of non-public school 1: \_\_\_\_\_

Name of Student 2: \_\_\_\_\_

Grade student will be in for the 2019-20 school year: \_\_\_\_\_

Name of non-public school 2: \_\_\_\_\_

Name of Student 3: \_\_\_\_\_

Grade student will be in for the 2019-20 school year: \_\_\_\_\_

Name of non-public school 3: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Home phone number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail with **two copies of the Contract form by Oct 15<sup>th</sup>** to:

Galion City Schools  
470 Portland Way N  
Galion, OH 44833



**CONTRACT BETWEEN GALION CITY SCHOOLS BOARD OF EDUCATION & PARENT  
TO PROVIDE TRANSPORTATION**

Name of Student 1: \_\_\_\_\_ School: \_\_\_\_\_

Name of Student 2: \_\_\_\_\_ School: \_\_\_\_\_

Name of Student 3: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Public School District: Galion City Schools School Year: 2019-20

County: Crawford

The above state board of education, after examination of existing school bus routes, time schedules, student resident location, school location, and available school conveyances and upon establishing that the above named pupil is eligible to receive transportation in accordance with Section 3327.01 of the Ohio Revised Code, and State Board Standards 3301-83-01, and district board policy, has declared by board resolution that such service by school conveyance is "impractical" and hereby agrees to pay the parent or guardian of said pupil in lieu of providing such service an amount which shall not exceed the state average to transport all pupils in the state the next preceding year.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature – Treasurer  
For the Board of Education

**Parent or Guardian**

I hereby agree to provide transportation to and from school for the student named above for the school year for the consideration named above. This agreement releases the above school district from requirement to provide transportation, in exchange for payment in lieu of such transportation.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature – Residential Parent/Guardian

\_\_\_\_\_  
Print Name

Return 2 copies before the **October 15<sup>th</sup>** deadline with Transportation Reimbursement Request.

To: Galion City Schools  
470 Portland Way N  
Galion, OH 44833