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 15th to: Galion City Schools
Galion City Schools
470 Portland Way N
Galion, OH 44833

Revised 8/23/19
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 15th deadline with Transportation Reimbursement Request.

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

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