

ELIDA LOCAL SCHOOLS

AGREEMENT OF PAYMENT IN LIEU OF TRANSPORTATION

Name of Student(s): _____ School: _____

Address: _____

Public School District: _____

County: _____

The Board of Education, after examination of existing school bus routes, time schedules, students residence location, school location, and available school conveyances and upon establishing the above named student(s) is eligible to receive transportation in accordance with R.C. 3327.01, and State Board Standards Edb-917-02, 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 student(s) in lieu of providing such service an amount which shall not exceed the State average cost to transport all students in the State the preceding year.

Date: _____

Signature – Treasurer
Board of EducationPARENTS OR GUARDIAN

I certify that I am the legal guardian or parent of the above named student(s) and that my residence is within the Elida Local Schools.

I hereby agree that transportation by school conveyance is "impractical" and further agree to provide transportation to and from school for the student(s) named above for the _____ school year for the consideration named above.

Date: _____

Signature Parent or Guardian_____
Address of Parent or Guardian