

**TROTWOOD-MADISON CITY SCHOOLS
3594 N. SNYDER RD.
TROTWOOD, OHIO 45426**

CONTRACT BETWEEN SCHOOL BOARD AND PARENT TO PROVIDE TRANSPORTATION

Name of Student: _____

School Attending: _____

Address of School: _____

School's Phone #: _____ Grade of Student: _____

Address of Student: _____

City: _____ Zip: _____ County: _____

Trotwood-Madison School Student Should be Attending: _____

The above stated Board of Education, after examination of existing school bus routes, time schedules, student residence 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 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 pupil in lieu of providing such service an amount which shall not exceed the State average cost to transport all pupils in the State the preceding year.

Date: _____

Treasurer's Signature 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 CURRENT SCHOOL YEAR FOR THE CONSIDERATION NAMED ABOVE.

THE BOARD OF EDUCATION OF THE TROTWOOD-MADISON CITY SCHOOL DISTRICT CANNOT BE HELD RESPONSIBLE FOR LIABILITY, PROPERTY DAMAGE, OR BODILY INJURY SHOULD AN ACCIDENT OCCUR DURING SAID TRANSPORTATION.

I AUTHORIZE TROTWOOD-MADISON CITY SCHOOLS TO VERIFY PROOF OF ATTENDANCE AT THE SCHOOL INDICATED ABOVE.

Date: _____

Parent/Guardian's Signature

Print Parent/Guardian Name: _____

Relationship to the above named student: _____

Home/Cell phone #: _____

PLEASE COMPLETE BOTH PAGES

COMPLETED FORM MUST BE RETURNED TO THE BOARD OF EDUCATION, OPERATIONS DEPARTMENT, BY THE SECOND MONDAY IN DECEMBER OF THE CURRENT SCHOOL YEAR TO RECEIVE REIMBURSEMENT (BOARD RESOLUTION #04-116, LEGAL REF. OAG #025).

**TROTWOOD-MADISON CITY SCHOOLS
3594 N. SNYDER RD.
TROTWOOD, OHIO 45426**

PARENT OR GUARDIAN CERTIFICATION OF TRANSPORTATION

Name of Student: _____

Address of Student: _____

City: _____ Zip: _____ County: _____

Grade of Student: _____

School Attending: _____

Address of School: _____

City: _____ Zip: _____ County: _____

School's Phone #: _____

Trotwood-Madison School Student Should be Attending: _____

I hereby certify that I have provided transportation to and from school for the above named student during the current school year.

Date: _____

Signature of Parent/Guardian

Print Parent/Guardian Name: _____

Address of Parent/Guardian: _____

Phone # of Parent/Guardian: _____

**PLEASE COMPLETE BOTH PAGES
BOTH PAGES MUST BE COMPLETELY FILLED OUT
ONE FORM PER STUDENT**