

**CONTRACT BETWEEN PARENT AND BOARD OF EDUCATION  
FOR PARENT TO PROVIDE TRANSPORTATION**

**Name of Student(s)/Grade Level** \_\_\_\_\_

**School of Attendance** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
\_\_\_\_\_

**Public School District** – Bellbrook-Sugarcreek School District, Greene County, Bellbrook Ohio

The above stated Board of Education, after examination of existing school bus routes, time schedules, student residence 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 Rule 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(s) 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. Reimbursement to be based on a per diem basis, 180 days per year.

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

\_\_\_\_\_  
Treasurer, Bellbrook-Sugarcreek Schools

\* \* \* \* \*

**(To be completed by Parent/Guardian)**

I hereby agree to the above decision and will provide transportation to and from school for the student(s) named above for the 20 \_\_\_\_ - 20 \_\_\_\_ school year for the consideration named above.

Beginning School Date \_\_\_\_\_

\_\_\_\_\_  
***Print*** Name of Parent/Guardian

Ending School Date \_\_\_\_\_

Planned Days \_\_\_\_\_

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
***Signature*** of Parent/Guardian

FORM: TO-0450 (rev. 6/10)

Copies: white – Transportation  
green – Treasurer  
pink – Parent/Guardian (parent to return @ end of current school year)