

**Bellbrook-Sugarcreek Schools
Payment-In-Lieu of Transportation Waiver Form**

Parent/Guardian Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____ Phone #: _____

| Name of Student(s) | Grade | School Attending |
|--------------------|-------|------------------|
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The Bellbrook-Sugarcreek Board of Education, after examination of factors as identified in §3327 .02 of the Ohio Revised Code, has declared by Board resolution that such transportation by school conveyance is "impractical" and hereby agrees to pay the parent or guardian of said pupil in lieu of providing such service. Payment shall be based upon the reimbursement rate set by the Ohio Department of Education, and shall not exceed the average cost of transportation per pupil in the State of Ohio.

PARENT CERTIFICATION

I hereby ACCEPT the decision of said Board of Education to offer payment-in-lieu of transportation, and I agree to provide transportation to and from school for the student(s) named above for the consideration named.

Date: _____ **Signature:** _____

***This form must be signed and returned to the Bellbrook-Sugarcreek Transportation Department by
October 1st.***

Bellbrook-Sugarcreek Transportation Department
 3753 Upper Bellbrook Rd.
 Bellbrook, OH 45305
transport@bss.k12.oh.us

***Failure to return this form by the identified date shall constitute a withdrawal of your request for
transportation services.***

For Office Use Only

Date: _____ Initials: _____