

REVERE LOCAL SCHOOL DISTRICT
3496 EVERETT ROAD
PO BOX 340
BATH OHIO 44210-0340
REQUEST FOR PAYMENT IN LIEU OF TRANSPORTATION

Name of Student(s) _____ Grade _____ SCHOOL IRN # _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

Home Address _____ Phone Number _____

School Attending _____

School Address _____ School Phone Number: _____

Parent or Guardian

This form must be completed, signed and returned to the Revere Local School District by October 31, 2026, for processing to the State of Ohio, Department of Transportation. No forms can be processed with ODE after January 30, 2027. The reimbursement payment will be mailed in July 2027, following the close of the school year.

After you have mailed this form to Revere Local School, please call this office, 330-523-3119 to confirm receipt of this form.

PLEASE PRINT FULL NAME OF BOTH PARENTS/GUARDIANS

I HEREBY AGREE TO PROVIDE TRANSPORTATION TO AND FROM SCHOOL NAMED FOR THE
2026-2027 SCHOOL YEAR.

Date _____ Signed _____

Please return completed form by email OR mail to:

AJ Neitenbach
aneitenbach@revereschools.org

Revere Local Schools
Attn: AJ Neitenbach
PO Box 340
Bath Ohio 44210

AUTHORIZATION AGREEMENT FOR ACH Payment

I hereby authorize Revere Local School District to initiate an Authorization Agreement for ACH Payment to my account at the financial institution named below. This agreement will remain in effect until I submit a new Authorization Agreement for ACH Payment form to the Accounts Payable Department.

(PRINT CLEARLY TO ENSURE ACCURACY OF INFORMATION)

Name (please print): _____
Email Address: (please print) _____

ACCOUNT INFORMATION:

_____ Checking Account _____ Savings Account

Financial Institution Name: _____

Routing #: _____ Account #: _____

Signature: _____ Date: _____

