



FAIRPORT HARBOR

EXEMPTED VILLAGE SCHOOL DISTRICT

Fairport Harbor Exempted Village School District

345 Vine Street, Fairport Harbor, OH 44077

(440)-354-5400

info@fhevs.org Learning Today, Leading Tomorrow

Payment-In-Lieu of Transportation Waiver Form

Contract between the School District and Parents to Provide Transportation

****This form must be completed annually for each eligible child in your family who is receiving payment. Proof of residence must also be submitted with the form.**

Name of Student: _____ Grade: _____
Home Address: _____ City: _____ Zip: _____
Contact Phone Number: _____ Email: _____
Non-Public School Name: _____
Non-Public School Address: _____
Enrollment Date: _____

****Please attach or email cclair@fhevs.org a copy of proof of residency to this application for processing.**

Ohio law requires school districts to transport students in grades K-8 who live more than two miles from their assigned public schools or to a "school of attendance" that is a chartered nonpublic or community school located within 30 minutes from the assigned public school.

The Fairport Harbor Exempted Village Board of Education, after examination of non-existing school bus routes, time schedules, student residence location, school hours, and available school conveyance, and upon establishing that the above pupil is eligible to receive transportation in accordance with Section 3327.01 of the Ohio Revised Code, and district Board Policy has declared by Board resolution that such school conveyance is "impractical," hereby agrees to pay the parent or guardian of above-named pupil payment in lieu of providing such service. This amount shall not exceed Ohio's average cost to transport all pupils in the state the preceding year.

Forms must be returned to Fairport Harbor Exempted Village Board of Education

345 Vine Street

Fairport Harbor, OH 44077

Questions or concerns; please contact

Cindi Clair at 440-354-5400, Ext. 1009 cclair@fhevs.org

Parent or Guardian, please sign the section below

I hereby concur in the determination that it is impractical to transport by regular school conveyance and agree to provide transportation **TO** or **FROM** school for the student named above from the **20__-20__** school year and in the future, providing the criteria remains comparable and the facts remain the same for consideration as stated.

Please Print Parent/Guardian Name

Parent/Guardian Signature

Date

Applications must be submitted annually before the end of October. Approved reimbursement: this amount shall not exceed Ohio's average cost to transport all pupils in the state the preceding year and will be issued sometime in June.

FOR OFFICE USE

Date received in the District ____/____/____

Date of Board Approval ____/____/____