

PARENTAL PAYMENT IN LIEU OF TRANSPORTATION BROOKFIELD LOCAL SCHOOLS

Name of Parent or Guardian: _____

Address: _____ Telephone: _____

Name of Student(s): _____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

School your child will be attending: _____

Address & Phone Number of School: _____

The school that your child is attending MUST fax proof (448-5026) at the end of this school year that your child/children attended all year in order for you to receive your transportation payment in the summer.

Is this school within 30 minutes (bus ride) of Brookfield Schools? _____

Start Date: _____ PAYMENT IS FOR SCHOOL YEAR: _____

County of Attending School: _____

Transportation Supervisor's Approval: _____

Date: _____

Superintendent's Approval: _____

Date: _____

The Brookfield Board of Education has declared that transportation by school conveyance is impractical for your child (children). However, the Board will agree to pay the parent or guardian of said pupil(s) in lieu of providing such service. The amount will be that calculated by the Ohio Department of Education for related school year.

I hereby agree to the above decision of said Board of Education:

_____ Date _____ Parent or Guardian

I hereby disagree to the above decision of the said Board of Education.

_____ Date _____ Parent or Guardian

This form should be completed and returned to the address below.

Brookfield Local Schools
Treasurer's Office - Attention: Chrissy Ellis, Budgetary Clerk
614 Bedford Road SE
Brookfield, Ohio 44403