

## Payment in Lieu of Transportation Application

**MUST** be completed each year for each student in your family who is eligible to receive payment.

Return completed form to: Austintown Transportation Office, 275 Idaho Rd, Austintown, OH 44515

Fax: 330.797.3955

**Please Print**

STUDENT NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NON PUBLIC SCHOOL NAME: \_\_\_\_\_

NON PUBLIC SCHOOL ADDRESS: \_\_\_\_\_

SCHOOL PHONE #: \_\_\_\_\_ ENROLLMENT DATE: \_\_\_\_\_

\_\_\_\_\_

*The Austintown Local School Board of Education, after examination of existing school bus routes, school 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 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 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.*

**PARENT OR GUARDIAN PLEASE SIGN ONLY ONE OF THE TWO SECTIONS**

**Section 1: I hereby concur** in the determination that it is impractical to transport by regular school conveyance and agree to provide transportation to and from school for the student named above for the 2019-2020 school year and in the future, providing the criteria remains comparable and the facts remain the same, for the consideration as stated.

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

**OR**

**Section 2: I hereby DO NOT concur** in the determination that it is impractical to transport by regular school conveyance and DO NOT agree to provide transportation to and from school for the student named above for the 2019-2020 school year.

\_\_\_\_\_  
Signature of Parent or Guardian Date

**FOR OFFICE USE**

\_\_\_\_\_  
Treasurer, Austintown Local School District Date

Date Received in District: \_\_\_\_\_ Date of Board Approval: \_\_\_\_\_

## Payment in Lieu of Transportation Application

**MUST** be completed each year for each student in your family who is eligible to receive payment.

Return completed form to: Austintown Transportation Office, 275 Idaho Rd, Austintown, OH 44515

Fax: 330.797.3955

**Please Print**

Printed Name of Parent or Guardian

FOR OFFICE USE

---

Treasurer, Austintown Local School District

---

Date

Date Received in District: \_\_\_\_\_

Date of Board Approval: \_\_\_\_\_