

STOW-MUNROE FALLS CITY SCHOOLS

Administrative Offices • 4350 Allen Road • Stow, OH 44224-1032

Ph: 330.689.5445 Fax: 330.688.1629 • www.smfschools.org

March 2018

Dear Parent/Guardian/Custodian:

The Stow-Munroe Falls City School District has determined the impracticality of transportation for your child(ren) between home and school pursuant to the provisions of R.C. 3327.02 and determined to offer to provide you with payment in lieu of transportation for the 2017-2018 school-year.

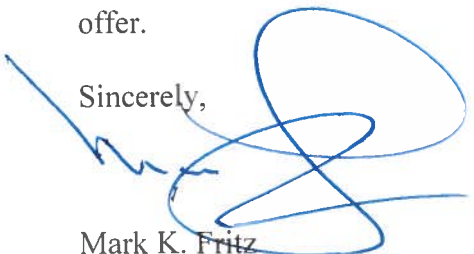
The Stow-Munroe Falls City School District will pay you an amount that shall not be less than the amount determined by the Ohio Department of Education as the minimum payment in lieu of transportation and not more than the amount determined by the department as the average cost of pupil transportation for the previous school year.

Please sign and date the attached “Acceptance of Payment in Lieu of Transportation” form and return it to me at 4350 Allen Road, Stow, Ohio 44224 on or before March 29, 2018.

In addition, we attach a “Certification of Transportation” to be returned to the Business Office at the above address immediately after the close of the 2017-2018 school year to certify that you have transported your child(ren) to the school(s) your child(ren) attended during the 2017-2018 school year. If your child(ren) attended the school for only a portion of the school year, please write the dates that your children(ren) attended on the form and the amount will be prorated. This form must be signed by the Principal of the school that your child(ren) attended. Payment cannot be disbursed without this form signed and returned.

Please call the Business Office at 330-689-5413 if you have any questions regarding this offer.

Sincerely,



Mark K. Fritz
Director of Operations
Stow-Munroe Falls City Schools

District Vision: Providing inspiration to make a difference in the world.

**ACCEPTANCE OF PAYMENT IN LIEU OF TRANSPORTATION
(Revised Code 3327.02)**

SCHOOL YEAR: 2017-2018

I am the parent/guardian/custodian of the following student(s):

Name of student(s)

enrolled in _____ School

I understand that the Stow-Munroe Falls City School District has determined the transportation of the above student(s) between home and school is impractical.

The school district's offer of payment in lieu of transportation shall be:

No less than an amount that shall not be less than the amount determined by the Ohio Department of Education as the minimum payment in lieu of transportation and not more than the amount determined by the department as the average cost of pupil transportation for the previous school year.

I understand that this acceptance applies only to the school year indicated above.

(Signature of Parent/Guardian/Custodian)

(Print Name)

(Date Signed)

PARENT OR GUARDIAN CERTIFICATION OF TRANSPORTATION

2017-2018 SCHOOL YEAR

Name(s) of Students _____

Grade of Student(s) _____

Home Address _____

Public School District _____ County _____

Private School Attended _____

I hereby certify that I have provided transportation to and from school for the above named student(s) during the school year and am now requesting payment.

Date

Signature of Parent or Guardian

Date

Signature of Principal

PLEASE RETURN THIS FORM IMMEDIATELY AFTER THE CLOSE OF THE 20172018 SCHOOL YEAR (JUNE, 2018) TO THE ATTENTION OF THE BUSINESS OFFICE. PAYMENT CANNOT BE MADE WITHOUT THIS SIGNED FORM.

PLEASE NOTE: IF YOUR CHILD(REN) ONLY ATTENDED A PORTION OF THE SCHOOL YEAR AT THE PRIVATE SCHOOL, PLEASE NOTE THE DATES ATTENDED.

ATTENDED _____
DATES