



## About In Lieu of Transportation Payments

**Berea City School District Department of Transportation  
235 Riveredge Parkway, Berea, Ohio 44017  
Phone: (216) 898-8301 / Fax: (216) 898-8567**

In accordance with RC 3327.02 of the Ohio Department of Education, the board of education of a city exempted village or local school district may determine that it is impractical to transport a pupil who is eligible for transportation to and from a school under section 3321.01 of the Revised Code.

If a Student who lives in the Berea City School District, and chooses to attend a private school, they may be entitled to "Payment In Lieu of Transportation," if the board deems it impractical to transport those students to and from their private school. This applies only to students grades K through 12, when the private school is within 30 minutes of the child's home school.

***To obtain, Payment in Lieu of Transportation, it will be the responsibility of the parent or guardian to notify us by completing the online application each year. Even if you have received a check in previous years with only applying once, you must apply each year. The deadline is April 30. No applications received after that date will be accepted. A separate application must be filled out for each child in the family.***

**You may e-mail it to the transportation department at [berea\\_trans@berea.k12.oh.us](mailto:berea_trans@berea.k12.oh.us), fax to the number listed above or send it via US Post Office.**

At the end of each year, the District will verify the attendance of your child at the school we have on record for that child so that we may send you a reimbursement check by the end of August. Payment will be based on your child's attendance and will ***not*** be made retroactive if you have not filled out the application before the deadline. There will be **NO EXCEPTIONS.**

Reimbursement will not be issued if Transportation was offered by the District, but not used.

Please complete the application listed below.

# Payment-In-Lieu of Transportation Waiver Form

Contract between the School District and Parents to Provide Transportation

**\*\* This form must be completed each year for each child in your family who is eligible to receive payment**

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Non Public School Name: \_\_\_\_\_

School Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Non Public School Address: \_\_\_\_\_

City/Zip \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

The Berea City School Board of Education, after examination of existing school bus routes, time schedules, student residence location, school 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, an amount which shall not exceed the State of Ohio average cost to transport all pupils in the state the preceding year.

**FORMS MUST BE RETURNED TO BEREA CITY SCHOOL TRANSPORTATION DEPARTMENT  
235 RIVEREDGE PARKWAY NO LATER THAN APRIL 30**

## PARENT OR GUARDIAN, PLEASE SIGN ONLY ONE OF THE TWO SECTIONS BELOW

I hereby concur in the determination that it is impractical transport by regular school conveyance and agree to provide transportation **TO**  and/or **FROM**  school for the student named above for 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 of Signature)

Social Security Number of Parent/Guardian: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Requested by State)

OR

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/or **FROM**  school for the student named above for the 20\_\_\_\_ - 20\_\_\_\_ school year.

\_\_\_\_\_  
(Please Print Parent/Guardian Name)      \_\_\_\_\_ (Parent/Guardian Signature)      \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date of Signature)

## FOR OFFICE USE

\_\_\_\_\_  
(Signature of the Treasurer of Berea City School District)

\_\_\_\_\_  
(Date of Treasure's Signature)

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

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