



**Bloom-Carroll Local School District**  
**Transportation Department**  
71 South Beaver Street  
PO Box: 338  
Carroll, Ohio 43112  
[transportation@bloomcarroll.org](mailto:transportation@bloomcarroll.org)  
614-834-6706 (office) 740-756-7540 (fax)

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Dear Parent or Guardian,

The Board of Education of Bloom-Carroll Local Schools 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 determined by the Ohio Department of Education.

In order to receive this reimbursement, you must complete the enclosed application. We must also have a letter verifying enrollment for your child (children) from the school that they will attend. This letter should be prepared on school letterhead.

Both documents must be received by **December 31, 2018** in order to receive reimbursement. You can mail, fax or email the forms to us. Checks will be mailed at the end of the school year.

If you have questions, contact the Transportation Department at 614-834-6706.

Sincerely,

Bloom-Carroll Transportation Department

**Bloom-Carroll Local School District**  
**71 South Beaver Street**  
**PO Box: 338**  
**Carroll, Ohio 43112**  
**Attn: Transportation Department**

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**2018 - 2019 SCHOOL YEAR**

**To receive reimbursement In Lieu of Transportation please complete and return this form along with a letter from your school of attendance to verify enrollment.**

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

PUBLIC SCHOOL DISTRICT OF RESIDENCE: Bloom-Carroll Local School District

COUNTY: Fairfield County, Ohio

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I hereby agree to the above decision of said Board of Education; and I hereby certify that I will provide transportation to and from school for the above named student(s) during the 2018-2019 school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date