



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

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.

Please mail, fax or email both forms to us as soon as possible. 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

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 _____ - _____ school year.

Parent/Guardian Signature

Date