

ATTENDING SCHOOL _____

ADDRESS _____

NAME _____ GRADE _____

NAME OF PARENT OR GUARDIAN _____

ADDRESS _____

PHONE _____

AVON LAKE CITY SCHOOL DISTRICT, LORAIN COUNTY

The Avon Lake Board of Education has declared that transportation by school conveyance is impractical for your 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 that calculated by the Ohio Department of Education.

I hereby agree to the above decision of said Board of Education.

Parent or Guardian

Date

I hereby disagree to the above decision of the said Board of Education.

Parent or Guardian

Date

THIS FORM MUST BE RETURNED BY JUNE 1ST OF THE CURRENT SCHOOL YEAR TO:

**Sue Cole
Transportation Supervisor
Avon Lake City Schools
175 Avon Belden Road
Avon Lake, OH 44012**