

SPECIAL EDUCATION PARENTAL REIMBURSEMENT CONTRACT					
By this contract entered into	1/9/14 (Date)			e Galion City	School
District hereinafter referred to as the "Board" and John + Sheila Wilkins					
for transporting services of	Josh Wilkins		to	Cardingt	on
effective	The Board agrees to pay _	. 5 6	er		not
to exceed ///O	_days for the 2013-14 schoo	ol year.			

Distance will be paid for each day of attendance based on mileage of most direct route on Google Maps. Galion City Schools will reimburse for one round trip per day of attendance- 39.9 miles RT x .56 = 22.34/day

By signing, the undersigned proclaims his/her agreement with, and understanding of the conditions herein. **The signed contract** <u>*must be returned*</u> **to the Treasurer's Office** <u>*before*</u> **payment can be made.**

By:	(Signature)	Parent/Guardian
	149 Timberlane, Galion OH	44833
	(Parent/Guardian)	Social Security Number

Mileage reimbursement log along with student's school attendance record "MUST" be submitted before the 4th of each month to:

Galion City Schools Administrative Office Treasurer's Office 470 Portland Way North Galion, OH 44833

The Treasurer's Office must receive your final request for reimbursement by <u>June 15, 2014</u>. Failure to submit forms on time will result in non-payment.

Terri Day Treasurer/CFO Mark Stefanik Superintendent

Dennis Long President, Board of Education

Board Approval Date