### **ONTARIO LOCAL SCHOOLS**

## Excellence in Education

LISA CARMICHAEL SUPERINTENDENT OF SCHOOLS

CURT McVICKER
DIRECTOR OF OPERATIONS

RANDALL K. HARVEY TREASURER

## CONTRACT FOR CHILDREN WITH DISABILITIES OPEN ENROLLMENT

# AGREEMENT FOR EXCESS COST FOR CHILDREN WITH DISABILITIES PURSUANT TO SECTIONS 3313.981 O.R.C., 3323.14 O.R.C., and RULE 3301-48-02(F)

#### District of Attendance

The **Ontario Board of Education** hereby enters into a contract (pursuant to Section 3313.981 O.R.C., 3323.14 O.R.C., and Rule 3301-48-02(F)) for the student(s) listed below with the **Galion Board of Education** (District of Residence) for educational purposes for the school year of 2012 - 2013.

The Galion Board of Education (District of Residence) hereby agrees to pay to the Ontario Board of Education (District of Attendance) for each of the listed pupil(s), an amount equal to the excess cost, if any, pursuant to Section 3323.14 of the Ohio Revised Code.

The **Ontario Board of Education** (District of Attendance) acknowledges that pupil(s) listed below will be reported in EMIS pointing back to the school district of residence and counted in the ADM of the District of Residence, pursuant to 3317.03 O.R.C. The Ohio Department of Education will make an adjustment deducting the per pupil formula aid amount times the FTE of pupils from the resident districts SF-3 and credit the attending district. The excess cost amount shall be calculated in accordance with the data submitted to the Ohio Department of Education on Form SF-6. We hereby accept the pupil(s) listed below to our schools on terms described above.

Name of Student	Grade Address of Student	Disability Enrolled	
Markus Allen	8 945 Harding Way East, Galion	n, OH 44833 Autism -12 08/20/2012	
District of Attends	Camuchael ance Superintendent Signature	10/18/12 Date	
District of Attendance Treasurer Signature		lellelle	
		Date	
	District of Resowledge and approve the above listed pure ool year 2012 - 2013.	idence pil(s) to your schools on the terms described	
District of Resider	nce Superintendent Signature	Date	
District of Resider	nce Treasurer Signature	Date	