



"To provide a superior educational experience by working together with students, families, and community"

Application for Payment
In lieu of Transportation
2018-2019

Swanton Local School District
Transportation Department
Fax (419) 825-1197

I am providing transportation for my child/ren to and from a school outside of the Swanton Local School District.

Student's Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Name _____

Address _____

Telephone _____

____ This is my first year to apply.

____ I received payment in lieu of transportation last year.

Parent/legal guardian signature Date

• **Applications must be received no later than October 12, 2018 for approval of payment.** Payment will be made toward the end of June 2019 after proof of attendance is provided.