

Transportation Agreement

Account Name:	Clearview Local Schools		
Billing Address:	4700 Broadway Avenue Lorain OH 44052		
Account Contact:	Giles Brown	Phone Number:	440 233 5412
Email Address:	giles.brown@clearviewschools.org		
Notes:	Rate: Varies	Per Trip	\$20 ⁰⁰ - 100 ⁰⁰ per trip

Passenger Name: Special Education Student Guardian Name: _____
 Phone Number: _____

Start Date: 9/9/24 End Date: _____

Pick Up Time: _____

Pick Up Address: VARIES

Drop Off Address: _____

Return Time: _____

Pick Up Address: VARIES

Drop Off Address: VARIES

2024-2025 School Year Transportation Reminders:

Please advise having the student ready to leave by the pick-up time and to be watching for our driver's arrival. The driver will be able to wait a max of 3 minutes at morning pick-up locations before the ride is a no-show. Our school schedules are dependent on timely departures.

If your student is not attending school, please call our office at (440)288-5466 or email us at SafeAndReliableLimo@yahoo.com.

If the student is a no-show, we will automatically no show the afternoon trip as well. If the student is taken to school by another form of transportation and will need the return trip please call our office at 440-288-5466

Please notify the office if the student is released from school via other forms of transportation and will not need the return ride.

If the student will no longer require service please contact our office by email or phone.

Payment: Invoices will be sent bi-monthly. We require a 15-day net on all invoices. All invoices paid via Card will be assessed a 3.5% processing fee.

Signature: _____

Date: _____