



Student Service Agreement - Re-Ed ACCESS

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Placing School District: Richmond Heights City Schools

Terms and Conditions of Purchase Agreement:

Payment: Richmond Heights City Schools will pay Re-Ed ACCESS a per diem rate of \$ **295** for the above named student, for each school day not to exceed 183 days in the **2022-2023** school year.
Payment received after due date (30 days) will be assessed a late fee of \$100 per month.

Length of Agreement: The term of this agreement will not exceed one (1) school year and will automatically expire at the end of the **2022-2023** school year (**6/1/2023**). The school year is not to exceed 183 days including teacher in-service days, calamity days, truancy and absenteeism. Graduating students will be welcomed on the school's final days and billing will reflect such (up to 183 days).

Rights & Duties: Re-Ed ACCESS reserves the right to take immediate action in situations where a student, by act or omission, poses a risk of injury, harm or other danger to himself or to others. Such action may include, but is not limited to, immediate dismissal from the Re-Ed ACCESS program, emergency referral to psychiatric or other institutional healthcare providers, and/or securing assistance from local law enforcement authorities. The Placing School District will be promptly informed in the event such an exigent situation arises.

Termination of Agreement: In the event the above named student is no longer residing in the Placing School District and/or no longer attending Re-Ed ACCESS, the parties' respective obligations under this agreement for the student named above will cease as of the last day on which the student is enrolled at Re-Ed ACCESS.

In the event that Re-Ed ACCESS determines that the student is not benefiting from the programming and services provided by Re-Ed ACCESS, Re-Ed ACCESS may terminate this Agreement. The student will be returned to the Placing School District so that educational programs and services can continue to be delivered to the student through the Placing School District.

IN WITNESS WHEREOF, the parties have executed this Agreement on the day and year indicated below.

District Representative: _____

Date: ____/____/____

Re-Ed ACCESS
Representative: _____

Fredrick A. Inioce

Date: 5/9/22

MENTOR CAMPUS | BUSINESS OFFICE

6176 Reynolds Road
Mentor, Ohio 44060

PHONE 440 | 257-3131

FAX 440 | 257-3132

BEDFORD CAMPUS

370 Center Road
Bedford, Ohio 44146

PHONE 440 | 232-9055

FAX 440 | 232-9078