

Re- Ed TRANSPORTATION Service Purchase Agreement

Student Name:**Address:****District:** Richmond Heights City Schools

This agreement is entered into between **Richmond Heights City** (hereafter "Placing District") and Re-Ed Transportation, Inc., for the sole purpose of providing **TRANSPORTATION SERVICES** in accordance with placement at Re-Education Services, Inc. WHERE AS, _____ will be attending the Re-Education Services, Inc. Program and Placing School District requires the Student to be transported by Re-Education Transportation the parties agree as follows:

THE PARTIES AGREE AS FOLLOWS:

1. The placing district will pay Re-Ed Transportation, Inc. a per diem rate of \$ **59** for the above identified student for each school day for the **2022-2023** school year. 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).
(A change in student address or campus location may change the daily rate. Should the daily rate change, a new agreement will be offered by Re-Ed Transportation.)
2. 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**).
3. **Payment received after due date (30 days) will be assessed a late fee of \$ 100 per month.**

In the event the above identified student is no longer residing at the above address and/or no longer attending Re-Education Services, 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-Education Services, Inc.

(The per diem rate on this contract is based upon fuel prices at the time this contract is signed. In the event that fuel cost increase substantially, Re-Ed Transportation, Inc. reserves the right to add a fuel surcharge to the above stated per diem rate.)

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

District Representative: _____

Date: ____/____/____

**Re-Education Transportation
Representative:** _____

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