Office use: Vendor #_____

NON-PUBLIC TRANSPORTATION APPLICATION/CONTRACT

THIS AGREEMENT made and entered this 1st day of School Year 2016-17, by and between ISD #194 hereinafter

referred to as *School District*, and, _____

Parent's Name (Print) (must have W9 on file with District)

_____hereinafter referred to as *Contractor*.

Street City Zip Code

For the consideration herein expressed, Contractor agrees with the School District:

1) To transport the listed non-public school students, for one round trip per school day to and from the school.

2) To provide transportation equipment which at all times will conform to the minimum standards for conventional school transportation as established by the Department of Education and the legal requirements of the State of Minnesota

3) To provide currently legally licensed and qualified drivers, per legal requirements of the State of Minnesota.

4) To provide a safe and reasonable means of transportation by a Contractor-owned automobile that shall at all times be insured for liability.

5) To comply with all the laws, ordinances and regulations relating to the use of highways and automobiles used for the transportation of students.

6) It is expressly agreed between the parties that the Contractor is not the employee or the agent of the School District in his/her capacity of transporting said student(s). Contractor will hold the School District harmless from all claims from anyone whomsoever in which persons or property is injured, due to reason of any acts of the Contractor, passengers, or third parties. It is understood that this agreement is solely for the reimbursement of transportation expense for private school students as provided by law and for no other reason.

7) **Completed contracts must be received by the Student Services Department by November 1st.**

8) It is mutually agreed that the term of this contract shall be for the student's 2016-17 school year.

9) I understand the payment is not to exceed the amount of the district's non-public transportation revenue per student minus five percent administration cost. Check will be mailed after the second School Board meeting in June to the parent who has a W9 on file with the District. *That is the parent who must sign this contract.*

Student Name	Grade	School Name and Address	School Phone #

_____

Parent signature (has W9 on file with District) Date Phone #

Submit form to: mary.moody@isd194.org Phone: 952-232-2025 Fax: 952-469-3101

ISD 194 School Board purposes only:

2016-17 #Children_____ Amount for 4 Quarters _____ (per MDE) #Quarters Actual _____

Total Reimbursement amount_____

_____ _____

Chairperson Clerk

7/1/16 mmm