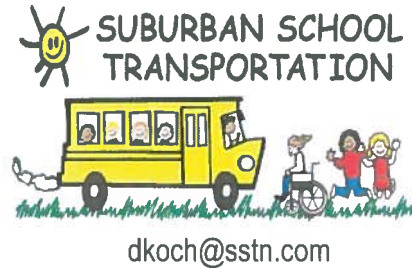


1289 Pearl Road
Brunswick, Ohio 44212



Phone: 440.580.2400
Fax: 440.580.2411

April 6, 2026

Sarah Novotny
Brecksville - Broadview Hts City Schools
6638 Mill Road
Brecksville, OH 44141

Dear Sarah,

Suburban School Transportation would like to thank you for the opportunity to provide transportation services to your district.

I attached a 2026/2027 contract along with, a certificate of liability, a current W 9 tax form, and a district information sheet. I also included an updated student request form and a split school form. Please return a copy of the signed contract, snow letter, and the completed district information sheet as soon as possible so I can update our database.

As always, it has been a pleasure servicing your district. Please feel free to contact me with any questions or concerns you may have.

We look forward to working with you again in the upcoming school season.

Respectfully,

Debi Koch
District Representative
Suburban School Transportation

PUPIL TRANSPORTATION AGREEMENT 2026/2027

THIS AGREEMENT was made and entered into at Hinckley, Ohio effectively for **2026/2027** school year, by and between the **Brecksville - Broadview Hts City Schools**, and **Suburban School Transportation Company, Inc. (SSTC)**, 26 River Road, Hinckley, Ohio 44233. For and in consideration of the mutual covenants and agreement herein, and for valuable consideration the parties agree to the following:

1. SSTC will transport students at the written request of the **Brecksville - Broadview Hts City Schools** for any student requiring transportation. All students are provided with door-to-door services specified by the district.
2. SSTC will provide all routing of said students, including contact with the parent/guardian regarding pick up and drop off times and locations. Students may be transported with other students with possible cost reductions. Routing sheets will be kept on file with SSTC dispatching office.
3. SSTC will provide vehicles to be used for transportation of said students. Vehicles will meet the standards of State and Federal law. All vehicles will be equipped with a mobile phone, emergency safety triangles, flares, electrical fuses, Blood Borne Pathogen Kit, fire extinguisher, first aid kit, blanket, and a snow brush.
4. SSTC vehicles may be equipped with a global positioning system, which shows a vehicle's location, direction of travel and speed at any given moment.
5. SSTC will pay all expenses in connection with the operation and maintenance of vehicles used in transportation. A vehicle inspection form shall be completed daily by the drivers. A staff mechanic services the SSTC fleet for preventive maintenance and emergency repairs. All daily inspection forms and service logs are on file in SSTC dispatching office. Should a student cause any damage to a vehicle, the parent/guardian will be financially responsible for said damage.
6. SSTC will provide qualified drivers to operate said vehicles used in the noted transportation in accordance with all applicable State and Federal laws. SSTC will verify that all drivers have met Ohio Pupil Transportation Operation and Safety Rules and Standards, including but not limited to certification and license requirements. SSTC will ensure to comply with all Rapback state regulations.
7. SSTC will purchase and maintain during the term of the agreement no less than \$1,000,000 liability insurance, including a \$5,000,000 umbrella. All non-owned vehicles will carry \$300,000 (state requirement) liability insurance and a 1,000,000-liability non-owned coverage policy purchased by SSTC.
8. The rate quoted to the district will be for round trip, unless otherwise specified. The district will be charged the daily rate for each day. The particular school is scheduled to be opened, regardless, whether the student or students attend or not, and regardless, if the school is cancelled due to inclement weather or emergency. Should **Brecksville - Broadview Hts City Schools** close due to inclement weather, but the school the student is attending is open, SSTC will use its own discretion. Safety is SSTC's top priority. If SSTC believes it is unsafe to transport due to inclement weather, the parent/guardian will be contacted. Two-day notice is required if the student will be out for an extended amount of time due to illness or suspension. Also, a two-day

notice is required if the student has transferred out of district or expelled from school and transportation service is no longer required.

9. **Brecksville - Broadview Hts City Schools** will be responsible for obtaining the student(s) medical forms and attach it with the students request form. SSTC will maintain medical history reports in its dispatch office once received from the district.
10. Per our Policies & Procedures; Suburban Transportation does not permit or allow sexual abuse or molestation to occur in the workplace or at any activity sponsored by or related to it. Sexual abuse takes the form of inappropriate sexual contact or interaction for the gratification of the person who is a functioning employee. Sexual abuse includes sexual assault, exploitation, molestation or injury. It does not include sexual harassment, which is another form of behavior which is also prohibited by Suburban Transportation.
11. All employees are issued SSTC identification badges to be always worn and visible.
12. All vehicles to be used to transport eligible students who are confined to wheelchairs or other mobile positioning devices or who require life support equipment shall be equipped with a lift or ramp. The lift shall be connected within the vehicle body when not extended. The lift shall lift a maximum of 700 lbs. Wheelchairs are to be secured by a four-point tie-down system.
13. Attendants or monitors will be provided to the district, if requested, at an additional rate. Any required ride-alone students will incur an additional cost for such transportation.
14. SSTC may find it necessary to review various alternative accommodation to ensure the safety of the students during transportation. SSTC will always reserve the right to postpone transportation in the event a student becomes combative /violent and/or threatens or interferes with the safety and well-being of the public welfare, other passengers, or themselves. The attending school and parent /guardian will be notified at this time to discuss transportation options. Such alternative accommodation will be discussed with and agreed upon by the district prior to implementation. by SSTC.
15. In the event SSTC is requested to use a vehicle with special accommodation in order to ensure the safety of student transportation, an additional charge will be applied for such a service.
16. All vehicles will have "School Transportation" signs.
17. For the safety of all students transported by SSTC, we will not transport any students across picket lines when a strike is in progress.
18. SSTC will provide **Brecksville - Broadview Hts City Schools** with a form to use for adding, changing, or deleting students. All student changes/requests must be submitted electronically or faxed on the provided SSTC form. No student transportation will begin unless the required form is submitted. SSTC requests at least 48-72 hours' notice when placing new student transportation to allow adequate time for placement. Requests received after 12:00 pm will not be guaranteed for the next business day (from August 15th thru September 15th. Please allow 5-7 days for student placement. After any three (3) requests for a student's time or location change during a billing cycle, an additional \$10 service charge per alteration may be applied.
19. Due to current instability and fluctuation in the energy sector fuel surcharges may apply.

20. SSTC will be responsible for allowing 3 minutes for pickup at the student's home. If after the allotted time SSTC leaves and continues the route and is then later notified that SSTC must again return to the students' home, an additional charge will be granted. After school is dismissed at the end of the regularly scheduled day SSTC will wait at the scheduled school until all eligible students have been picked up. If an eligible student does not show up at the designated pickup location the driver will contact the office, and the office will contact the school. If SSTC is forced to wait for a student more than five (5) minutes after dismissal time (or other agreed upon pickup time) SSTC will agree to wait fifteen (15) additional minutes for the student. SSTC will be permitted to bill the district for additional time. When an attempt to drop off an eligible student at home is unsuccessful, SSTC will proceed to complete the regularly scheduled route. The driver will notify the office of the first attempt. After the route is completed, SSTC will attempt again to drop off the student. If the second attempt is unsuccessful, SSTC will be permitted to charge the district, in fifteen (15) minute increments at the daily unit cost for each student for each fifteen (15) minute period, for all time thereafter until the student is dropped off at home or an emergency drop off location.
21. Payment for ordinary services rendered shall be made monthly. Payment needs to be received by SSTC within 30 days of the invoice or late fees may apply.

In consideration of this agreement Suburban School Transportation Company, Inc., herein provided, that **Brecksville - Broadview Hts City Schools** and Suburban School Transportation Company, Inc. will mutually agree on compensation on a case-by-case basis.

This contract will cover the period of **July 1, 2026, through June 30, 2027.**

This contract is made for the benefit of each party heretofore named, and all parties hereby acknowledge receipt of a full and complete copy of this agreement and declare that no promises, representation, or agreement, other than those herein contained have been made or were relied upon.

IN WITNESS WHEREOF, the parties hereto set their hands this day and year.

**Brecksville - Broadview Hts City Schools
Company, Inc.**

Suburban School Transportation

By: _____

By:  _____

Its: _____

Its: **President** _____

Date: _____

Date: **4/6/26** _____

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>Suburban School Transportation</p> <p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>26 River Road</p> <p>6 City, state, and ZIP code</p> <p>Hinckley Oh 44233</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
3	4	-	1	6	3	1	4	2	9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date 4/11/2026
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

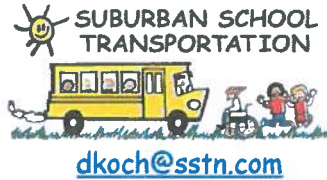
What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



District Contact Information

Brecksville - Broadview Hts City Schools

Student Service Supervisor _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____ Ext.: _____
Emergency Cell Number: _____
E-mail: _____

Transportation Supervisor _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____ Ext: _____
Emergency Cell Number: _____
E-mail: _____

Invoicing should be sent to this person for approval

Contact Person: _____
Phone Number: _____ Ext: _____
E-mail: _____

Person completing this form _____ 2026



Student Request Form
 P 440-580-2400 F 440.580.2401
 dkoch@sstn.com

District	Requesting District:				Date
	Responsible District (if different from above):				
	Contact:			Office Phone:	
	Email			Fax:	

Student	Quote Only	New	Change	Cancel	ESY		
	Start Date	End Date	Round Trip	AM only	PM only	M T W TH F	Student calendar attached Y N
	Student Name					DOB	
	Address				Phone		
	City				State	Zip	
	Parent /Guardian				Phone		
	Parent /Guardian Email				Phone		
	Additional Contact Person				Phone		
	Age	Grade		Height		Weight	
	Approved Alternate Address						

School/Program	School / Program	Start Time	Dismissal Time
	Address	Phone	
	City	State	Zip
	Contact	Days Attending	
	2 nd School / Program	Start Time	Dismissal Time
	Address	Phone	
	City	State	ZIP
	Contact	Days Attending	

IEP Requirements	Is this Student Eligible to ride with other students Yes <input type="checkbox"/> No <input type="checkbox"/>				
	<i>There may be an additional cost for a ride-alone student.</i>				
	Lift Van	Modified Van	Nurse	Monitor	Service Animal
	Car Seat	Booster	Safety Vest	Seat Belt Lock	Health Care Plan
Instructions for routing					Office Use or

All information must be completed for transportation. Any changes, missing or incorrect information, the quote may be subject to change.

Signature of person approving this form _____



School Closing Information for Students with Split Schools

Please complete this form, if you have a student that is attending two different schools or a work program on the same day; Suburban will follow these instructions whenever a students' school is closed

Student _____ District _____

School #1 _____ Start Time _____ Dismissal Time _____

School #2 _____ Start Time _____ Dismissal Time _____

If school #1 is closed for the day, we are to:

Pick Up at: _____ Time _____

Drop Off at: _____ Time _____

If school #2 is closed for the day, we are to:

Pick Up at: _____ Time _____

Drop Off at: _____ Time _____

Notes: _____

Signature of person completing this form _____ 2026