

Transportation Division

PAYMENT- IN-LIEU OF TRANSPORTATION WAIVER FORM

Parent/Guardian _____ School year: _____
 Address: _____
 City: _____ State: OH Zip code: _____
 Phone: _____

| | | |
|-----------------------|--------|-------------------------------|
| Name of Students (s): | Grade: | School Attending and Address: |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The Cleveland Metropolitan School District, after examination of factors as identified in paragraph 3327.02 of the Ohio Revised Code, has declared by Board resolution that such transportation by school conveyance is "impractical" and hereby agrees to pay the parent or guardian of said pupil in lieu of providing such service. Payment shall be based upon the reimbursement rate set by the Ohio Department of Education, and shall not exceed the average cost of transportation per pupil in the State of Ohio.

Date: _____

 Signature - School district official

PARENT CERTIFICATION

I hereby **ACCEPT** the decision of said Board of Education to offer payment-in-lieu of transportation, and I agree to provide transportation to and from school for the student(s) named above for the consideration named.

Date: _____

 Signature – Parent/Guardian

I hereby **REJECT** the decision of said Board of Education to offer payment-in lieu of transportation. **

Date: _____

 Signature – Parent/Guardian

****Upon rejecting payment in lieu of transportation, you have the right to request mediation. That mediation will be initiated by the Department of Education upon your written request directed to the appropriate Area Coordinator’s office of the Ohio Department of Education.**

This form must be signed and returned by October 13, 2024

FAILURE TO RETURN THIS FORM BY THE IDENTIFIED DATE SHALL CONSTITUTE A WITHDRAWAL OF YOUR REQUEST FOR TRANSPORTATION SERVICES.

WHAT IS ACCEPTED AS PROOF OF ADDRESS:

1. **WATER BILL**
2. **ELECTRICITY BILL**
3. **GAS BILL**
4. **SEWER BILL**
5. **LEASE AGREEMENT FOR YOUR RESIDENCE**
6. **MORTGAGE STATEMENT OR CONTRACT**
7. **IF LIVING WITH FAMILY OR FRIENDS LETTER HAS**

**TO BE NOTARIZE WITH THE PARENT / STUDENTS NAME AND A COPY OF
ONE OF THAT FAMILY OR FRIENDS BILL.**

WHAT IS ACCEPTED FOR PHOTO ID:

PASSPORT

DRIVING LICENSE

STATE ID

NO P.O. BOX ADDRESSES