



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.**

Please return this form by the last Friday in September each school year to the CMSD Transportation Department, Attn: Lucille Sharp, 3832 Ridge Road, Cleveland, OH 44144.

If you have any questions or concerns, please feel free to contact us at 216-838-0963 or you can call our main number at 216-838 -4BUS (4287).