



Transportation Division

PAYMENT- IN-LIEU OF TRANSPORTATION WAIVER FORM

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

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 September 30, 2016 to CMSD Transportation Planning, Attn: Ms Lucille Sharp, 3832 Ridge Road, Cleveland, OH 44144. Contact Number (216) 838-0963 (6AM-2:30 PM).

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