

# PAYMENT-IN-LIEU OF TRANSPORTATION WAIVER FORM

Parent/Guardian:	School Year:
Address:	City:
Zip Code:	Phone Number:

Name of Student(s):	Grade:	School Attending:

The Chippewa Local Schools Board of Education, after examination of factors as identified in §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 – Parent/Guardian

## 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 6, 2017 to  
Chippewa Local Schools, 56 North Portage Street, Doylestown, OH 44230.**

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