

# PAYMENT IN LIEU OF TRANSPORTATION WAIVER FORM

Parent/Guardian: \_\_\_\_\_ School Year: **2023-2024**

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 Chippewa Local School District, and shall not exceed the minimum amount of the average cost of pupil transportation for the 2023-2024 school year.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of 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. The 2023-2024 average cost of pupil transportation is \$596.43.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of 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 2, 2023 to  
Chippewa Local Schools, 56 North Portage Street, Doylestown, OH 44230.**

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