

PAYMENT IN LIEU OF TRANSPORTATION WAIVER FORM

Parent/Guardian: _____ **School Year:** 2025-2026

Address/City/Zip Code: _____

Phone Number: _____

Name of Student(s)	School Attending	Grade

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 50% of the minimum average cost of pupil transportation for the previous 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 2025-2026 average cost of pupil transportation is \$607.15.

Date

Signature of Parent/Guardian

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

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 & Workforce upon your written request directed to the appropriate Area Coordinator's office of the Ohio Department of Education & Workforce.**

**This form MUST be signed and returned by October 1, 2025 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.**