



Parma Transportation Department

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 Parma City 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.

Corrine Mollica
Signature – Transportation Supervisor

PARENT CERTIFICATION

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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

Please return this form by the last Friday in September each school year to the PCSD Transportation Department, Attn: Missi Hrach at hrachm@parmacityschools.org

Or mail to: 7600 Day Dr Parma, Ohio 44129

If you have any questions or concerns, please feel free to contact us at 440-886-1866