



## DIVISION OF STUDENT TRANSPORTATION

This self-certification is a condition of the Office of the State Superintendent of Education Division of Student Transportation (OSSE DOT) policy regarding parent/guardian reimbursement for student transportation services. I do hereby waive and release any and all claims, damages and losses against the OSSE DOT and my child's local education agency (LEA) whether pursuant to the Individuals with Disabilities Education Act (IDEA), contract or personal injury law, or otherwise, that may arise from the transportation of my student as described therein.

### PARENT PROVIDED TRANSPORTATION REIMBURSEMENT CERTIFICATION FORM

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
PARENT/STUDENT ADDRESS

\_\_\_\_\_  
SCHOOL NAME

\_\_\_\_\_  
PARENT CONTACT PHONE NO./EMAIL ADDRESS

\_\_\_\_\_  
SCHOOL ADDRESS

I certify that I transported or secured transportation for my student on the following dates (print all dates that apply):

**Note:** If the request is for more than one student, you must submit a separate request for each student. OSSE DOT will not reimburse multiple student transports in the same vehicle OR for overlapping mileage.

#### **I attest that (Please check all that apply and fill in the related blanks):**

I transported, via private automobile, the above named student to and from school. The number of miles from home to school is \_\_\_\_\_ one-way and \_\_\_\_\_ roundtrip. The total number of miles requested for reimbursement is \_\_\_\_\_.

**Note:** The per mile rate is \$1.48 for the applicable school year.

I secured transportation for the above named student to and from school using:

Metro bus or Metro Rail       Ridesharing services or taxi

**The total reimbursement requested for this period of transportation is \$ \_\_\_\_\_**

**Documentation must include mileage incurred from the home address to the student's attending school:**

- Parent provided transportation (i.e., Google Maps, Apple Maps, etc.)
- Ridesharing or taxi transport receipts showing actual trips completed
- Metro fare based on the current rate via the [WMATA Trip Planner](#)

I certify/attest that I am requesting reimbursement due to (Please choose one):

- Transportation services that occurred as a result of failure on the part of OSSE/DOT to provide bus service, or
- The parent/guardian has chosen to transport the student(s) themselves and must provide notification and justification by contacting the OSSE DOT Parent Resource Center at (202) 576-5000 in advance of transport.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reimbursement requests must be submitted no later than 30 days after the date of service.**

**Reimbursements will be processed within 60 days of having received all of the required documents.**

**Reimbursement approval from OSSE-DOT is required prior to the submission of a reimbursement request.**

Upon completion of the package, please submit the request via the secure BOX upload site located here: [osse.dc.gov/service/parents-transportation-students-disabilities](https://osse.dc.gov/service/parents-transportation-students-disabilities) OR via US Postal Service to the attention of:

**OSSE DOT, 1050 First St. NE, 2nd Floor, Washington DC 20002.**