

**OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION
DIVISION OF STUDENT TRANSPORTATION**
PARENT PROVIDED TRANSPORTATION CERTIFICATION FORM

This self-certification is a condition of the Division of Student Transportation policy regarding Parent/Guardian reimbursement for student transportation services. I further certify and agree that this transportation was provided in a registered, insured and duly inspected vehicle. I do hereby waive and release any and all claims, damages and losses against the OSSE Division of Transportation 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.

I, _____, certify and agree that I transported, or will
(Parent/Guardian Name – Please Print) transport or hire accompanied or hired
transportation for my child

_____ to and from _____.
(Student Name – Please Print) (School Name – Please Print)

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,
for a total of number of day(s) _____. Start date: _____ to End date: _____. The mileage from home
to school is _____ number of miles and round trip is _____ number of miles. The
total number of miles requested for reimbursement at a rate of \$.0545 cents (current GSA 2018 rate)
per mile is at a cost of \$ _____.

I secured transportation for the above named student to and from school using:
 Metro bus or Metro rail:
 Uber/Lyft or Taxi:

Transportation to and from school for a total of number of day(s) _____.

Start date: _____ to End date: _____. The total reimbursement requested for this period of
transportation is \$ _____. **(Receipts must accompany reimbursement request).**

Note: An official school attendance record for the reimbursement period requested must accompany the request. The record must be on the official school letterhead and signed by a school official.

Parent/Guardian Print and Signature: _____ **Date:** _____

Please return this form with the required supporting documents to:

Office of the State Superintendent of Education Division of Student Transportation
Fiscal Management Department
1050 First Street, N.E. – 2nd Floor
Washington, DC 20002

osse.financedot@dc.gov or via fax at (202) 481-3420