



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 request is for more than one student, you must submit a separate request for each student. OSSE DOT will not reimburse for multiple students riding 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 ____.
The amount of reimbursement is determined by the GSA.gov Privately Owned Vehicle (POV) Mileage Reimbursement Rates at the time of travel.

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 \$ _____

Receipts must accompany each reimbursement request for ridesharing services or taxi service.
OSSE DOT will reimburse for 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:** _____

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
OR via US Postal Service to the attention of: OSSE DOT, 1050 First St. NE, 2nd Floor, Washington DC 20002. Rev. 02.11.22 OSSE-DOT.FMD