



**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 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.

Please Print:

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.

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 at a rate of \$.58 cents (current GSA 2019 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/Ridesharing Service or Taxi:

The total reimbursement requested for this period of transportation is \$ _____. **(Receipts must accompany each reimbursement request for Metro, Uber, Lyft, or taxi service).** OSSE-DOT will reimburse for Metrofare based on the current rate via the on-line WMATA Trip Planner.

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 Signature: _____ Date: _____

Please return this form with the required supporting documents to:

Office of the State Superintendent of Education - Division of Student Transportation (OSSE-DOT)
Fiscal Management Department
1050 1st Street, N.E. – 2nd Floor - Washington, DC 20002
osse.financedot@dc.gov