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 transportations 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 R	EIMBURSEMENT CERTIFICATION FO	ORM
John Doe	Jonathan Doe	
PARENT/GUARDIAN NAME	STUDENT NAME	
1005 First St NE Washington, DC 20002	Eastern Senior High	h school
PARENT/STUDENT ADDRESS	SCHOOL NAME	
(202) 555-5555 john.doe@gmail.com	1700 East Capital St NE Wa	ashington, DC 20002
PARENT CONTACT PHONE NO./EMAIL ADDRESS	SCHOOL ADDRESS	
I certify that I transported or secured transportation for m January 2023: 17,18,19,20,23,24,25,26,27	y student on the following dates (p	rint all dates that apply):
Note: If the request is for more than one student, you must submit a separate transports in the same vehicle OR for overlapping mileage.	request for each student. OSSE DOT will not rei	mburse multiple student
I transported, via private automobile, the above name home to school is3 one-way and _6 round is _54_(9_days x 6 miles) Note: The per mile rate is \$1.48 for SY 22-23. I secured transportation for the above named student Metro bus or Metro Rail Ridesharing services	ed student to and from school. The trip. The total number of miles requ	number of miles from Jested for reimbursemen
The total reimbursement requested for this period of transp	ortation is \$ \$79.92 (54	miles x \$1.48)
 Documentation must include mileage incurred from the h Parent provided transportation (i.e., Google Maps, Ap Ridesharing or taxi transport receipts showing actual t Metro fare based on the current rate via the WMATA 	ple Maps, etc.); rips completed	ding school:
I certify/attest that I am requesting reimbursement due to (P Transportation services that occurred as a result of failure The parent/guardian has chosen to transport the student(by contacting the OSSE DOT Parent Resource Center at (2)	on the part of OSSE/DOT to provide bust) themselves and must provide notifications.	ation and justification
Parent/Guardian Signature:	Date:	Feb. 15, 2023
Upon completion of the package, please submit the	request via the secure BOX unload	site located here:

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank.						
	John Doe							
	2 Business name/disregarded entity name, if different from above							
Print or type. Specific Instructions on page 3.	Check appropriate box for federal tax classification of the person whose n following seven boxes.	ame is entered on line 1. Che	eck only one of the	4 Exempt certain en instruction	tities, no	t indiv		
6	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporati	on 🗌 Partnership	☐ Trust/estate		**	,		
e. ns	single-member LLC			Exempt pa	ayee cod	e (if a	ny)	
Print or type. c Instructions	Limited liability company. Enter the tax classification (C=C corporation,	S=S corporation, P=Partners	ship) ▶					
r tr	Note: Check the appropriate box in the line above for the tax classifica			Exemption	from F	ATCA	report	ing
rint	LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax			code (if ar	ny)			
E P	is disregarded from the owner should check the appropriate box for the							
) ec		arent		(Applies to acc			utside th	e U.S.)
Ŗ	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name	and address	(option	al)		
See	1005 First St NE							
	6 City, state, and ZIP code							
	Washington DC 20002					1 1 2	21.5	
	7 List account number(s) here (optional)							
Pai			1 - : :					
	your TIN in the appropriate box. The TIN provided must match the n			curity numl	oer	_		
reside	up withholding. For individuals, this is generally your social security n ent alien, sole proprietor, or disregarded entity, see the instructions fo	umber (55N). However, ic or Part I. later. For other		5 - 5	5 -	. 5	5	5 5
entitie	es, it is your employer identification number (EIN). If you do not have							
TIN, I			or					_
	If the account is in more than one name, see the instructions for line	e 1. Also see What Name a	and Employer	identificat	ion num	ber		_
Num	per To Give the Requester for guidelines on whose number to enter.			_				
Par								
	r penalties of perjury, I certify that:		20 W W W	W 8				
	e number shown on this form is my correct taxpayer identification nu					=1	D	
2. I al	n not subject to backup withholding because: (a) I am exempt from I rvice (IRS) that I am subject to backup withholding as a result of a fai	lure to report all interest o	nave not been r or dividends, or (c)	the IRS h	the inte	ernai ied n	ne tha	nue it Lam
	longer subject to backup withholding; and	iaro to roport all intoroot o		,	uo 110111			
3. I a	m a U.S. citizen or other U.S. person (defined below); and							
4. Th	e FATCA code(s) entered on this form (if any) indicating that I am exe	mpt from FATCA reportin	g is correct.					
	fication instructions. You must cross out item 2 above if you have been							ecause
	ave failed to report all interest and dividends on your tax return. For real							
acqui	sition or abandonment of secured property, cancellation of debt, contrib than interest and dividends, you are not required to sign the certificatior	utions to an individual retire	ement arrangemen	it (IRA), and the instruc	d genera	ally, p r Parl	ayme	nts er
		., but you must provide you		THE HISTIAC	idons to	i i aii	ii, iai	
Sign	(ann 1) a 2 1 2 2	~						
Her	9 U.S. person ►		Date ►					
Ge	neral Instructions	 Form 1099-DIV (div funds) 	vidends, including	those fro	m stock	s or	mutua	al
Secti	on references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (proceeds)	various types of ir	ncome, pri	zes, aw	ards	, or gi	oss

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident

alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

ABC Elementary School Attendance R	ool Attenda	nce	Records	ecords January 2023	2023						
Last Name	First Name		2-Jan	3-Jan	4-Jan	5-Jan	6-Jan	9-Sep	9-Sep 10-Jan	11-Jan	12-Jan
Doe	Jonathan	۵	۵	۵	۵	۵	<u>а</u>	Д	Д	Д	
			13-Jan	16-Jan	17-Jan	18-Jan	19-Jan	20-Jan	23-Jan	24-Jan	25-Jan
		۵	۵	۵	۵.	۵	Д.	Д	<u>α</u>	۵	
			26-Jan	27-Jan	30-Jan	31-Jan					
Present	Д	Д	Д	Д	Д.						
Excused Absence	Ex-A										
Unexcused Absence	Un-A										
Late Arrival	Ą										
Early Dismissal	ED										
New Enrollment	z										
Discharged	D										
Hospitalized	I										
Incarcerated/Detained	l or D										
Tardy-Late Arrival	⊢										
Early Dismissal											

