

TRANSPORTATION DEPARTMENT

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<u>MEMORANDUM</u>

To: Principals/Transportation Coordinators

From: Lucille Sharp

CMSD Department of Transportation

Date: July 18, 2025

Re: Transportation

This correspondence is a reminder for you to submit a roster of eligible students for transportation. This year, the Cleveland Metropolitan School District will be Transporting all District and non-public student's grades K-8 at one (1) mile or greater for transportation eligibility. Grades 9-12 must reside in Cleveland at one (1) mile or greater to be eligible for RTA Badges. If your school student resides out of the boundary for transportation on a school bus, parent reimbursement will be available.

Parents are to submit reimbursement information, including a picture ID and proof of residency, to their school instead of coming to the Transportation office. The school will submit a compiled list of eligible students with all relevant information to Lucille Sharp hand delivery or by mail transportation to verify eligibility. Ms. Sharp will be sending the recently update parent reimbursement forms to your schools. All payment in-lieu-of transportation waiver forms and required documentation must be submitted by **October 20, 2025**

Please do not hesitate to contact Ms. Sharp at 216.838.0963 with any questions.



Transportation Division

PAYMENT-IN-LIEU O	F TRANSPORT	ATION WA	IVER FORM
Parent/Guardian		School year:	
Address:City:		State: OH	7in sodo.
Phone:		State: Un	Zip code:
Name of Students (s):	Grade:	Schoo	l Attending and Address:
	ŧ.		
The Cleveland Metropolitan School I paragraph 3327.02 of the Ohio Revi transportation by school conveyance parent or guardian of said pupil in li based upon the reimbursement rate not exceed the average cost of trans	sed Code, has de is "impractical eu of providing set by the Ohio	eclared by I " and hereb such service Departmer	Board resolution that such by agrees to pay the e. Payment shall be not of Education, and shall
Date:			
	Signature -	School district	official
PAR	ENT CERTIFICA	TION	
I hereby <u>ACCEPT</u> the decision of said transportation, and I agree to provide named above for the consideration na	transportation t	tion to offer o and from s	payment-in-lieu of school for the student(s)
Date:			
	Signature – F	arent/Guardia	n
I hereby <u>REJECT</u> the decision of sai transportation. **	id Board of Educ	cation to off	er payment-in lieu of
Date.	Signature – P	arent/Guardiar	
**Upon rejecting payment in lieu of transportation, you have the right to request mediation. That mediation will be initiated by the Department of Education upon your written request directed to the appropriate Area Coordinator's office of the Ohio Department of Education.			

This form must be signed and returned by October 20, 2025

WHAT IS ACCEPTED AS PROOF OF ADDRESS:

- 1. WATER BILL
- 2. ELECTRICITY BILL
- 3. GASBILL
- 4. SEWERBILL
- 5. LEASE AGREEMENT FOR YOUR RESIDENCE
- 6. MORTGAGE STATEMENT OR CONTRACT
- 7. IF LIVING WITH FAMILY OR FRIENDS LETTER HAS

 TO BE NOTARIZE WITH THE PARENT / STUDENTS NAME AND A COPY OF

 ONE OF THAT FAMILY OR FRIENDS BILL.

WHAT IS ACCEPTED FOR PHOTO ID:

PASSPORT

DRIVING LICENSE

STATE ID

NO P.O. BOX ADDRESSES