



LITTLE MIAMI

LOCAL SCHOOLS

PAYMENT IN-LIEU OF TRANSPORTATION LITTLE MIAMI LOCAL SCHOOLS DISTRICT

Parent / Guardian _____ School Year _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____

Name of Students	School Attending	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Little Miami Local Schools District Board of Education, after examination of factors as identified in Section 3327.02 of the Ohio Revised Code, has declared by Board resolution that such transportation by school conveyance is “impractical” and hereby agrees to pay the parent or guardian of said pupil, in-lieu-of providing such service. Payment shall be based upon the reimbursement rate set by the Ohio Department of Education and shall not exceed the average cost of transportation per pupil in the state of Ohio. The payment offered for a full time student for this school year **will be determined by the Ohio Department of Education in April 2025.**

Date: _____ District Official _____

PARENT CERTIFICATION

I hereby accept of the decision of said Board of Education to offer payment in lieu of transportation to and from school for the student (s) named above for the consideration named.

Date: _____
Signature – Parent / Guardian

I hereby reject the decision of said Board of Education to offer payment in lieu of transportation.

Date: _____
Signature – Parent / Guardian

****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 and directed to the appropriate area coordinators office of the Department of Education.**

THIS FORM MUST BE RETURNED BY November 1, 2025 (for the 25-26 school year) TO THE LITTLE MIAMI LOCAL SCHOOLS DISTRICT, ATTN: TRANSPORTATION DEPARTMENT 5819 MORROW ROSSBURG RD. MORROW , OH. 45152.

Failure to return this form by the identified date will be interpreted as a withdrawal of your request for transportation services.