

# CHANGE OF STUDENT ADDRESS

**\*\*Transportation changes may require a 1 – 2 day waiting period\*\***

Today's Date \_\_\_\_\_

residing within RCSD boundaries

Effective Date \_\_\_\_\_

residing out-of-district – applying to remain under Open Enrollment

**\*\*\*CHANGES WILL NOT BE MADE WITH TRANSPORTATION UNTIL PROPER DOCUMENTATION IS RECEIVED BY CENTRAL REGISTRATION\*\***

Copies of required documents will be made at the Welcome Center and retained as part of your child's permanent record.

**CHANGE OF ADDRESS** requires TWO valid proof of new address

- SIGNED lease (in its entirety) or Purchase Agreement or Notarized Friends/Family Affidavit **PLUS**
- Utility Bill (gas, electric, water), insurance statement with current address, official/government mail

**CHANGE OF CUSTODY** requires proof by court order – judge signed and with seal OR agency documentation

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_ ID # \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Building / Academy \_\_\_\_\_

**OLD** Street Address \_\_\_\_\_

Does this move require a change in SCHOOL BUILDING?  YES  NO  APPROVED intra-district  
If YES - FROM \_\_\_\_\_ TO \_\_\_\_\_ (no bussing)

Has this move resulted from a change in CUSTODY, DIVORCE/SHARED PARENTING?  YES  NO  
(It is required under Ohio Revised Code that ALL custody documents, i.e. divorce, dissolution, shared parenting, court-order, be submitted when the event is effective.)

**NEW** Street Address \_\_\_\_\_ APT / Lot # \_\_\_\_\_

City / ZIP \_\_\_\_\_ County  Franklin  Licking  Fairfield

**How will your student ARRIVE TO school?**

BUS  PARENT  DAYCARE  WALK / DRIVE

**How will your student LEAVE FROM school?**

BUS  PARENT  DAYCARE  WALK / DRIVE

Residential Mother / Stepmother / Guardian NAME \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

Residential Father / Stepfather / Guardian NAME \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

**PARENT / GUARDIAN SIGNATURE: X** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Location of Bus Stop: \_\_\_\_\_ \*\*\*OFFICE USE ONLY\*\*\* Bus # \_\_\_\_\_ / \_\_\_\_\_

Pick Up Time \_\_\_\_\_ Drop Off Time \_\_\_\_\_ Driver Name \_\_\_\_\_

Parent Notified By \_\_\_\_\_ Date / Time \_\_\_\_\_

**KINDERGARTEN/PRE-SCHOOL RELEASE FORMS**

Student Name: \_\_\_\_\_ School of attendance: \_\_\_\_\_

My child will **NOT** be riding a Reynoldsburg City School bus during his/her Kindergarten school year. He/she will be transported by  parent/designee or  daycare.

I, the parent/guardian of \_\_\_\_\_ a Kindergarten/Pre-School child acknowledge that I have read and understand the letter as stated in this packet and the Kindergarten/Pre-School drop off procedure. I also understand that my child will not be enrolled in the Reynoldsburg Schools until I return this signed form. I further understand that I may contact my school principal to come up with an alternative plan, if there is a hardship, which makes complying with this policy impossible.

X \_\_\_\_\_  
Signature Date

I hereby authorize the driver of Bus# \_\_\_\_\_ to release my child/children, \_\_\_\_\_, from the school bus for Kindergarten/Pre-School drop off at the assigned bus stop to the following adult(s) **[must be 18 years of age or older with valid ID]** :

(PLEASE INCLUDE STUDENT'S PARENTS IF APPLICABLE)

Name & Relationship: _____	Phone: _____
Name & Relationship: _____	Phone: _____
Name & Relationship: _____	Phone: _____
Name & Relationship: _____	Phone: _____
Name & Relationship: _____	Phone: _____
Name & Relationship: _____	Phone: _____

I also agree on behalf of myself and my child, to release, discharge, and hold harmless the Reynoldsburg City Schools and any agent, representative, or employee of such school district from responsibility for any and all harm, which may come to my child/children, as a result of this action. I understand it is my responsibility to update this form as changes are needed.

Mother/Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_  
Father/Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_

# REYNOLDSBURG CITY SCHOOLS



## Welcome Center

1555 Graham Road, Reynoldsburg, Ohio 43068  
Phone: 614-501-1033 Fax: 614-501-1049

### Residency Verification Release

To be completed by families renting/leasing their home. Form **MUST** be completed by the leaseholder.

Lease Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Lease begins (date): \_\_\_\_\_ Lease ends (date): \_\_\_\_\_ Month-to-month

#### REQUIRED

Landlord / Rental Agent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Reynoldsburg City Schools  
(Lease Holder Printed Name)

to contact my Landlord/Rental Agent/Property Manager in order to verify my residency at the address of record with the District, both at the time of enrollment and/or at any time during my child's enrollment. I understand that lack of proper proof of residency or falsification of information provided will result in my student's withdraw from Reynoldsburg City Schools.

Lease Holder Signature: \_\_\_\_\_

Lease Holder Printed Name: \_\_\_\_\_

Custodial Parent Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student(s):

_____ (Name)	_____ (D.O.B.)	_____ (Grade)	_____ (Name)	_____ (D.O.B.)	_____ (Grade)
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#### Board of Education

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SIS # \_\_\_\_\_

**REYNOLDSBURG CITY SCHOOLS  
EMERGENCY AUTHORIZATION FORM**

O.R.C.3313.712



Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

School \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Teacher \_\_\_\_\_

Student's Cell Phone (\_\_\_\_) \_\_\_\_\_

Grade \_\_\_\_\_ Gender  M  F

**Residential Parent/Guardian Information**

Student lives with:  Both Parents  Mother  Father  Other \_\_\_\_\_

Biological parents are:  Married  Divorced  Single-never married  Residing together-not married

(Please circle relationship)

**Please check primary daytime contact number**

(Please circle relationship)

Mother / Stepmother / Guardian / Foster Mother

Father / Stepfather / Guardian / Foster Father

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Contact person(s) in case parents cannot be reached**

This form is utilized if your child becomes ill or has an emergency while at school. It authorizes us to contact additional people should a parent or guardian be unavailable. For this reason, it is important that you list more than one contact number. If your information changes throughout the school year, please be sure to notify the office.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Major Medical Concerns:** \_\_\_\_\_

**My child has NO medical concerns.** X \_\_\_\_\_

Parent signature

**PART I – TO GRANT CONSENT**

I hereby give consent for the following medical care providers to be called:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor, or, in the event that the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

TO GIVE CONSENT

*You must continue to the back of this page.*

Student Name: \_\_\_\_\_

### Medical Alerts

Routine MEDICATIONS:  NO Medications (including those taken at home)

Name of Medication	Taken For	Activity Restrictions

ALLERGIES:  NO Allergies

Food: \_\_\_\_\_

Drug: \_\_\_\_\_

Insects: \_\_\_\_\_

Other: \_\_\_\_\_

EPI-PEN NEEDED

Seasonal/Environmental: \_\_\_\_\_

### Custody

1. Is this child subject to any  shared parenting agreement  custody order?  N/A

Mailing address of other parent if order mandates: \_\_\_\_\_

2. Is there a court order on file with this school that restricts access to this student by any party?  Yes  No

If yes, whom: \_\_\_\_\_ Relation to child: \_\_\_\_\_

\*\*\*This order cannot be executed until the document has been submitted to Central Registration.\*\*\*

### PART II – REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of an emergency or illness requiring treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student's siblings attending Reynoldsburg Schools

Name: \_\_\_\_\_ Gr.: \_\_ School: \_\_\_\_ Name: \_\_\_\_\_ Gr.: \_\_ School: \_\_\_\_

Name: \_\_\_\_\_ Gr.: \_\_ School: \_\_\_\_ Name: \_\_\_\_\_ Gr.: \_\_ School: \_\_\_\_

### Transportation Information

Please mark arrival and dismissal procedures that apply.

#### Arrival

- Walker  Car Rider
- Bus Rider Bus# \_\_\_\_\_  
Bus Stop Location \_\_\_\_\_
- Daycare / Babysitter  
Name \_\_\_\_\_  
Phone # \_\_\_\_\_

#### Dismissal

- Walker  Car Rider
- Bus Rider Bus# \_\_\_\_\_  
Bus Stop Location \_\_\_\_\_
- Daycare / Babysitter  
Name \_\_\_\_\_  
Phone # \_\_\_\_\_