

# REYNOLDSBURG CITY SCHOOLS



Reynoldsburg residents attending schools other than a Reynoldsburg City School must register each student through RCS in order to be provided with transportation or payment in lieu. Registration information will transfer from year to year, unless there is a change in address or custody.

The Transportation Request form and Emergency Medical Authorization form are to be completed each school year.

To register, please bring ALL the following documents and completed forms to the Welcome Center:

A. Proof of Residency – Two (2) Documents are Required

*If you OWN your home*

- A copy of your settlement statement, purchase contract, or property tax statement or county auditor's summary page
- A piece of official mail, such as a utility bill (gas, electric, or water) or government agency

*If you RENT your home*

- A signed copy of your rental agreement listing ALL occupants (including children) and contact information for the lessor
- A piece of official mail, such as a utility bill (gas, electric, or water) or government agency

B. Proof of Custody

- Student's ORIGINAL birth certificate

**AND IF APPLICABLE**

- Custody order, divorce decree or separation papers AND shared parenting plan (if applicable). State law requires that the school receive a copy of these court filed documents (stamped and signed by a judge). Only the party awarded residential custody for school enrollment purposes may register the child for transportation.

Please be aware that additional documentation may be required upon review of the registration.

Central Registration is located in the Welcome Center, at 1555 Graham Road in Reynoldsburg. Registration hours are Monday through Friday, 8:00 AM to 4:00 PM. You may fax or email the completed packet and supporting documents to 614-501-1049 or [tkaminski@reyn.org](mailto:tkaminski@reyn.org) if you are unable to come to the Welcome Center in person.

The Transportation Department will contact you regarding the busing arrangements for your student once registration has been completed. Please call (614) 501-1033 if you have questions regarding the registration procedure.

Board of Education

Joe Begeny, President • Debbie Dunlap, Vice President  
Robert Barga • Jeni Quesenberry • Neal Whitman  
Melvin J. Brown, Superintendent • Tammira S. Miller, Treasurer

**For Office Use Only**

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

Intake Time: \_\_\_\_\_

Intake By: \_\_\_\_\_

# REYNOLDSBURG CITY SCHOOLS



## Residents Requesting TRANSPORTATION ONLY

Please print in  
black or blue ink.

### RESIDENCY/CUSTODY: Information concerning person(s) with whom the student is living.

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary School Day Phone #: ( ) \_\_\_\_\_ Primary Evening Phone #: ( ) \_\_\_\_\_

(Please circle relationship)

Mother / Stepmother / Guardian / Foster Mother  
Name: \_\_\_\_\_

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

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

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

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

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

(Please circle relationship)

Father / Stepfather / Guardian / Foster Father  
Name: \_\_\_\_\_

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

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

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

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

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

### STUDENT INFORMATION

Please answer each question for each child

#### Student #1

Student's Legal Name \_\_\_\_\_  
Last First MI

Date of Birth \_\_\_\_\_ Gender  Male  Female

School of attendance \_\_\_\_\_ Grade level \_\_\_\_\_

Are biological/adoptive parents  Single/Never been married  Married  Divorced\*\*  Separated  Other \_\_\_\_\_ (please be specific)

\*\*State law requires that the school receive a copy of a court filed (stamped and signed by a judge) divorce or separation decree AND shared parenting plan agreement.

Is this student currently under expulsion, suspension, or academic/disciplinary dismissal from any school?  Yes  No

Has this student ever been charged with or convicted of a felony, on probation, or court involved?  Yes  No

Is this student affected by any other court order? (Ex. CPO)  Yes  No

If yes to any of the above, please explain: \_\_\_\_\_

#### Student #2

Student's Legal Name \_\_\_\_\_  
Last First MI

Date of Birth \_\_\_\_\_ Gender  Male  Female

School of attendance \_\_\_\_\_ Grade level \_\_\_\_\_

Are biological/adoptive parents  Single/Never been married  Married  Divorced\*\*  Separated  Other \_\_\_\_\_ (please be specific)

\*\*State law requires that the school receive a copy of a court filed (stamped and signed by a judge) divorce or separation decree AND shared parenting plan agreement.

Is this student currently under expulsion, suspension, or academic/disciplinary dismissal from any school?  Yes  No

Has this student ever been charged with or convicted of a felony, on probation, or court involved?  Yes  No

Is this student affected by any other court order? (Ex. CPO)  Yes  No

If yes to any of the above, please explain: \_\_\_\_\_

**Student #3**

Student's Legal Name \_\_\_\_\_  
Last First MI

Date of Birth \_\_\_\_\_ Gender  Male  Female

School of attendance \_\_\_\_\_ Grade level \_\_\_\_\_

Are **biological/adoptive** parents  Single/Never been married  Married  Divorced\*\*  Separated  Other \_\_\_\_\_ (please be specific)  
\*\*State law requires that the school receive a copy of a court filed (stamped and signed by a judge) divorce or separation decree AND shared parenting plan agreement.\*\*

Is this student currently under expulsion, suspension, or academic/disciplinary dismissal from any school?  Yes  No

Has this student ever been charged with or convicted of a felony, on probation, or court involved?  Yes  No

Is this student affected by any other court order? (Ex. CPO)  Yes  No

If yes to any of the above, please explain: \_\_\_\_\_

**Student #4**

Student's Legal Name \_\_\_\_\_  
Last First MI

Date of Birth \_\_\_\_\_ Gender  Male  Female

School of attendance \_\_\_\_\_ Grade level \_\_\_\_\_

Are **biological/adoptive** parents  Single/Never been married  Married  Divorced\*\*  Separated  Other \_\_\_\_\_ (please be specific)  
\*\*State law requires that the school receive a copy of a court filed (stamped and signed by a judge) divorce or separation decree AND shared parenting plan agreement.\*\*

Is this student currently under expulsion, suspension, or academic/disciplinary dismissal from any school?  Yes  No

Has this student ever been charged with or convicted of a felony, on probation, or court involved?  Yes  No

Is this student affected by any other court order? (Ex. CPO)  Yes  No

If yes to any of the above, please explain: \_\_\_\_\_

Please list any additional information or concerns you have about your child(ren): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge and understand that if the information provided on this form is not true and correct, that knowingly swearing or affirming the truth thereof constitutes criminal falsification, a violation of the Ohio Revised Code Section 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1,000.00 and/or a maximum term of imprisonment of six months. Furthermore, I accept financial responsibility for tuition for the above students if the students were illegally transported by Reynoldsburg City Schools and understand that transportation will be discontinued immediately.

**I ATTEST TO THE FACT THAT ALL INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE**  
Reynoldsburg Board of Education reserves the right to request any additional information for proof of residency and/or custody.

X \_\_\_\_\_  
**Signature of Custodial Parent/Guardian** **Date**

**Reynoldsburg City Schools**  
**Transportation Request / Renewal / Payment in Lieu**  
**Non-Public/ Community/ Charter**  
**(School Year \_\_\_\_\_)**

**Please Print – All lines must be completed even if your child will not ride the bus daily.**

A separate Emergency Medical Authorization form MUST be completed for EACH child if the child is riding a Reynoldsburg bus.

You will be contacted by the Transportation Department.

They will provide you with information regarding location of bus stop, approximate time of pick-up, and bus number.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School of attendance: \_\_\_\_\_ Transport:  TO school  FROM school

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School of attendance: \_\_\_\_\_ Transport:  TO school  FROM school

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School of attendance: \_\_\_\_\_ Transport:  TO school  FROM school

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School of attendance: \_\_\_\_\_ Transport:  TO school  FROM school

Home Address \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_

Reynoldsburg 43068  Columbus 43232

Mother/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**We, the student and parent/guardian, acknowledge that we have read and understand the Bus Rules as listed in Appendix A of this packet.**

Parent Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* Office Use Only\*\*\*

Location of Bus Stop: \_\_\_\_\_ Bus#: \_\_\_\_\_ / \_\_\_\_\_ Driver Name: \_\_\_\_\_

Pick Up Time: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_ 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: \_\_\_\_\_

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: \_\_\_\_\_

Your mother's maiden name: \_\_\_\_\_

Your mother's maiden name: \_\_\_\_\_

**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: \_\_\_\_\_

*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: \_\_\_\_\_

**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: \_\_\_\_\_

**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.\*\*\*

**Military Information**

1. Is the student a dependent of a member of the Active Duty Forces?  Yes  No  
(Army, Navy, Air Force, Marine Corps or Coast Guard)

2. Is the student a dependent of a member of the National Guard?  Yes  No  
(Army National Guard or Air National Guard)

**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 # \_\_\_\_\_