

# REYNOLDSBURG CITY SCHOOLS



Reynoldsburg residents attending schools outside the Reynoldsburg City Schools district must register each student through the Reynoldsburg system in order to be provided with transportation or payment in lieu. The initial registration information will transfer from year to year, unless there is a change in address or the custody.

**The Transportation Request form and Emergency Medical Authorization form must be completed each school year.**

To register initially, 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

### ***If you RENT your home***

- A signed copy of your rental agreement listing ALL occupants (including children) and contact info for the lessor
- A piece of official mail, such as a utility bill

## **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

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

Return forms and documents to:

**Welcome Center  
1555 Graham Road  
(614) 501-1033**

Email: [welcomecenter@reyn.org](mailto:welcomecenter@reyn.org)

**The RCS Transportation Department, will contact you regarding arrangements for your student once the registration has been completed. (614) 501-1041**



**For Office Use Only**

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

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

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

# REYNOLDSBURG CITY SCHOOLS

## Residents Requesting TRANSPORTATION ONLY



REGISTRATION FORM - PLEASE PRINT

### RESIDENCY / CUSTODY: Information with whom the student resides with

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

#### Parent/Guardian 1

#### Parent/Guardian 2

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

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

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_

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

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

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

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

### STUDENT INFORMATION

Please answer each question for each individual 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.**

\_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Date

Reynoldsburg Board of Education reserves the right to request additional information for proof of residency and/or custody.

FOR OFFICE USE:  
SIS #

# REYNOLDSBURG CITY SCHOOLS EMERGENCY AUTHORIZATION FORM

O.R.C.3313.712



Student's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Home Address \_\_\_\_\_ School: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender  M  F  
Student's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

## Residential Parent/Guardian Information

Student lives with:  both parents  parent/guardian 1  parent/guardian 2  other \_\_\_\_\_  
Biological/Adoptive parents are:  Married  Divorced  Single-never married  Residing together-not married

### Parent/Guardian 1

Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Can this number receive text messages?  YES  NO  
Additional Contact Phone: (\_\_\_\_\_) \_\_\_\_\_  
This contact number is:  Work  Home/Landline  Additional Cell Phone  
Email: \_\_\_\_\_@\_\_\_\_\_

### Parent/Guardian 2

Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Can this number receive text messages?  YES  NO  
Additional Contact Phone: (\_\_\_\_\_) \_\_\_\_\_  
This contact number is:  Work  Home/Landline  Additional Cell Phone  
Email: \_\_\_\_\_@\_\_\_\_\_

### Custody (if applicable):

Is this child subject to any  shared parenting agreement  custody order  guardianship  foster placement  \_\_\_\_\_  
Name and mailing address of other parent if order mandates: \_\_\_\_\_

Is there a court or police filed document that restricts access to this student by any party (i.e. Protection Order)?  Yes  No  
If YES, whom: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\*\*\*This order cannot be executed until the document has been submitted to the Welcome Center which will be forwarded to student's school file. \*\*\*

## Contact person(s) in case parents/guardians 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: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Contact Phone: (\_\_\_\_\_) \_\_\_\_\_  
This contact number is:  Cell Phone  Home/Landline  Work

Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Contact Phone: (\_\_\_\_\_) \_\_\_\_\_  
This contact number is:  Cell Phone  Home/Landline  Work

## Siblings attending Reynoldsburg Schools

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

### Military Student Identifier

Please indicate if this student is a dependent of the following:

- Active Duty:** student is dependent of a member of the Active Duty Forces (United States Army, Air Force, Marine Corps or Coast Guard)
- National Guard:** student is a dependent of the National Guard (US Army National or Air National Guard).
- Reserve Duty:** student is a dependent of a member of the US Military on Reserve Duty
- My child is NOT a military student.

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

## Medical Alerts

My child has **NO** medical concerns  \_\_\_\_\_  
parent/guardian signature

Major Medical Concerns (list as follows): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name of Medication	Taken for	Activity Restrictions

**ALLERGIES:**  **NO Allergies**

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

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

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

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

**EPI-PEN NEEDED**

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

Per our family religious convictions, this student does not consume the following food: \_\_\_\_\_  
\_\_\_\_\_

### Medical Providers:

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

## CONSENT – Signature Required (Please Sign ONE)

### YES, I GRANT CONSENT

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.

X \_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_ date

TO GRANT CONSENT

**OR**

### NO, 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:

X \_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_ date

REFUSAL TO CONSENT

# KINDERGARTEN / PRESCHOOL TRANSPORTATION RELEASE FORMS



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

School of Attendance: \_\_\_\_\_

Student Number: \_\_\_\_\_

## BUS RIDER

I hereby authorize the bus driver to release my son/daughter, \_\_\_\_\_, 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]**:

(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: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I 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 form signed. 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.

In addition, I 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 daughter/son, as a result of this action. I understand it is my responsibility to update this form as changes are needed.

Parent/Guardian 1:  \_\_\_\_\_

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

Parent/Guardian 2:  \_\_\_\_\_

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

