**CHANGE** **OF** **STUDENT** **ADDRESS** **(and/or** **CUSTODY)**

**Requires** **TWO** **valid** **proof** **of** **new** **address:**

**1.** SIGNED lease (in its entirety), Purchase Agreement or Notarized Friends/Family Affidavit **PLUS** **2.** Utility bill, insurance statement with current address or some sort of official mail

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

**TRANSPORTATION** **DEPT:** Changes will not be updated until proper validation is received by the Welcome Center. Transportation changes may require 2-3 business days waiting period.

**Change** **of** **Custody:** requires proof of court order -judge signed and with seal or agency documentation \

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

**Effective** **Date:** -

**\_\_\_\_\_\_\_\_\_\_\_\_**

------------

**D** residing within RCSD boundaries

□ Applying to remain under District of Residence: \_\_\_ \_ **\_**\_\_\_

**Student's** **Name** ------------------ Grade --- ID# \_\_\_\_\_\_\_ Gender --- Date of Birth - **-** - - **-** School Building: \_\_\_\_\_\_\_ \_\_\_\_\_ **Former** Street Address -------------------------------

**New** **Street** **Address** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_** **\_** **\_\_\_\_\_\_** Apt./Lot# \_\_\_

City/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_ County: D Franklin D Licking D Fairfield

**Does** **this** **move** **require** **a** **change** **in** **SCHOOL** **BUILDING?** 0 **YES** □ **NO** □APPROVED

Intra-district

If YES, From: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ (no bus transportation)

**How** **will** **your** **student** **ARRIVE** **TO** **school?** Bus \_\_ Parent

**How** **will** **your** **student** **LEAVE** **FROM** **school?** \_\_ Bus \_\_ Parent

\_\_\_ Daycare

\_\_\_ Daycare

--Walk / Drive

--Walk / Drive

**Has** **this** **move** **resulted** **from** **a** **change** **in** **CUSTODY,** **DIVORCE/SHARED** **PARENTING?** 0 **YES** □ **NO** It is required under Ohio Revised code that ALL custody documents be submitted when the event is effective.

(ie. divorce, dissolution, shared parenting, court order)

**Residential** **Parent/Guardian** **1** **NAME** **\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Relationship to student: \_\_\_\_\_\_\_\_ Contact Phone#( \_\_) \_\_\_\_\_\_\_\_\_\_

**Residential** **Parent/Guardian** **2** **NAME** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Relationship to student: \_\_\_\_\_\_\_\_ Contact Phone#(\_\_ ) \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_ **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_

Primary 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 to contact my Landlord/Rental AgenUProperty 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 PRINT **NAME:** ----------- - **-**-

------------------

Lease Holder Signature Date

Student( s ):

(Name) (D.O.B.)

(Name) (D.0.B.)

(Grade)

(Grade)

(Name) (D.0.B.)

(Name) (D.0.B.)

(Grade)

(Grade)

www.reyn.org 7244 E. Main Street, Reynoldsburg, Ohio 43068 (614) 501-1020

FOR OFFICE USE: SIS#

**REYNOLDSBURG** **CITY** **SCHOOLS** **EMERGENCY** **AUTHORIZATION** **FORM** O.R.C.3313.712

Student's Name------------------Home Address -----------------

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

Birthdate: -------**-**

School: - **-** - - - - - --

Grade: \_\_ \_ Gender □ M OF

Student's Cell Phone: (\_\_\_ \_,\_\_\_\_\_\_\_\_\_\_\_ **Residential** **Parent/Guardian** **Information**

Student lives with: □ both parents □ parenVguardian 1 □ parenVguardian 2 □ other \_\_\_\_\_\_\_\_ \_ Biological/AdoQtive parents are: □ Married □ Divorced □ Single-never married □ Residing together-not married

**Parent/Guardian** **1**

Name:

Relationship to student:

Address:

**Parent/Guardian** **2**

Name:

Relationship to student:

Address:

City: Zip: City: Zip:

Contact Cell Phone:( \_\_ ) \_\_\_\_\_\_\_\_\_\_ Can this number receive text messages? D YES D NO

Contact Cell Phone:(�-�-- - **-**- - - - -­ Can this number receive text messages? D YES D NO

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

Additional Contact Phone: L\_\_j\_ **\_** \_ \_ \_ \_ \_ **\_** This contact number is: D Work D Home/Land line D Additional Cell Phone

Additional Contact Phone: (\_\_ )\_\_\_\_\_\_\_\_\_\_ This contact number is: D Work D Home/Landline D Additional Cell Phone

Email: \_ **\_** \_ **\_**\_ **\_**\_\_ **\_**\_@\_\_\_\_ \_ 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: ------------------ Name: \_ **\_** \_ \_ \_ **\_**\_\_\_ \_ \_ **\_**\_\_\_ \_ Relationship to student: \_ \_ \_ \_ \_ \_ \_ **\_**\_\_ \_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_ \_

Contact Phone:/ ---This contact number is: D Cell Phone D Home/Land line D Work This contact number is: D Cell Phone

**-**---- - - - -D Home/Land line D Work

**Siblings** **attending** **Reynoldsburg** **Schools**

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

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

School: \_\_\_

School: \_\_\_

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

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

School: \_\_\_

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}

D National Guard: student is a dependent of the National Guard (US Army National or Air National Guard}. D Reserve Duty: student is a dependent of a member of the US Military on Reserve Duty

D My child is NOT a military student. *(Revised* *9/23)*

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

**Med** **ica.l** **Alerts**

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

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

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

**ALLERGIES:** 0 **NO** Allergies

D Food: -----**-**------- D Drug: \_\_\_\_\_\_\_\_\_\_\_\_ \_ D Insects: **-**-----**-**--- D Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ 0 **EPI-PEN** **NEEDED** D Seasonal/Environmental: --------

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

**Medical** **Providers:**

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

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

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

Phone Number:(\_\_ \_,\_\_\_\_\_\_\_\_\_\_

Medical Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:( \_\_ }\_\_\_\_\_\_\_ \_ **\_**

**CONSENT** -Signature Required (Please Sign ONE)

**YES,**

**I** **GRANT** **CONSENT** **OR**

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/guardian signature

**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

date **TO** **GRANT** **CONSENT**

**REFUSAL** **TO** **CONSENT**