Reynoldsburg City Schools
ALTERNATE BUS STOP ASSIGNMENT REQUEST FORM

RESIDENTS ONLY

Please Print

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. Transportation requests are honored on a first-come-first-served basis and will be based on seat availability.

Reynoldsburg students who qualify for school transportation based on their home address may request to change their assigned bus stop to another existing stop within their home school’s attendance area. Please complete this form and return it to the transportation department or the Welcome Center. (Changes associated with a recent move must go through the Welcome Center.) Change requests, if approved, are permanent, five days per week. Accommodations may be limited according to space availability.

Student Name: ____________________________ Date of Birth: _____ Gender: ___

Home Address
Street
City/Zip

Parent/Guardian Name: ____________________________

Home: ( ) Cell: ( ) Work: ( )

School of attendance: ____________________________ Grade: ___

Current bus stop location: ____________________________

This request is for approval of:

☐ Change of AM bus stop only
☐ Change of both AM and PM bus stop

☐ Change of PM bus stop only
☐ Change my noon Kindergarten stop

I request to use the existing bus stop at: ____________________________

Effective Date: _________ Reason for request: ☐ Childcare ☐ Student’s Employment ☐ Other

Babysitter’s Name: ____________________________ Babysitter’s Home Number: ____________________________

Babysitter’s Address: ____________________________ Babysitter’s Cell Number: ____________________________

We, the student and parent/guardian, acknowledge that we have read and understand the Bus Rules as listed in Appendix A of this packet and understand that transportation requests are honored on a first-come-first-served basis and based on seat availability.

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: ____________________________ (Revised 7/20)
KINDERGARTEN 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  ☐ daycare.

Name of babysitter or daycare: ____________________________  Phone: ____________________________

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Bus Riders

I, the parent or guardian of ____________________________ a Kindergarten 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 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.

☒ Signature  ☐ Date

I hereby authorize the driver of Bus # ______ to release my daughter/son, ____________________________, 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: ____________________________

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

Mother/Guardian: ☒ afeelhnhn Date: _________________

Father/Guardian: ☒ afeelhnhn Date: _________________

(Revised 7/20)