

Reynoldsburg City Schools
ALTERNATE BUS STOP ASSIGNMENT REQUEST FORM

School year - _____

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: _____

Babsitter'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 or 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.

X _____
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: X _____

Date: _____

Father/Guardian: X _____

Date: _____