

Reynoldsburg City Schools
ALTERNATE BUS STOP ASSIGNMENT REQUEST FORM
RESIDENTS ONLY



School year - _____

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: _____ Grade: _____

School of attendance: _____

Home Address _____
Street City/Zip

Parent/Guardian Name: _____

Primary Phone Number(s): () _____ () _____

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

I request to use the existing bus stop at: _____

Effective Date: _____ Reason for request: Childcare Student's Employment Other _____

Babysitter's Name: _____ Babysitter's Primary Number: _____

Babysitter's Address: _____

We, the student and parent/guardian, acknowledge that we have read and understand the BUS RULES and understand that transportation requests are honored on a first-come-first-served basis and seat availability.

Parent Signature _____ **Date** _____

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: **X** _____

Date: _____

Parent/Guardian 2: **X** _____

Date: _____