

Reynoldsburg City Schools
Transportation Request / Renewal
OPEN ENROLLMENT STUDENTS

School year - _____

Please Print

A separate Emergency Medical Authorization form MUST be completed for EACH child if the child is riding a Reynoldsburg bus.

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.

Transportation is WITHIN Reynoldsburg City SD boundaries ONLY.

Student Name: _____ Grade: _____ Date of Birth: _____ Gender: _____

School of attendance: _____ Transport: TO school FROM school

Bus stop area requested: _____

Student Name: _____ Grade: _____ Date of Birth: _____ Gender: _____

School of attendance: _____ Transport: TO school FROM school

Bus stop area requested: _____

Student Name: _____ Grade: _____ Date of Birth: _____ Gender: _____

School of attendance: _____ Transport: TO school FROM school

Bus stop area requested: _____

Home Address _____ Home Phone # (____) _____
Street City/Zip

Mother/Guardian Name: _____ Cell #: (____) _____ Work #: (____) _____

Father/Guardian Name: _____ Cell #: (____) _____ Work #: (____) _____

Emergency Contact: _____ Phone #: (____) _____ Cell #: (____) _____

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: _____

KINDERGARTEN RELEASE FORMS – Open Enrollment Students

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: _____~~

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: _____