

# 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: \_\_\_\_\_  residing within RCSD boundaries  
Effective Date: \_\_\_\_\_  residing out-of-district – Applying to remain under Open Enrollment.  
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:  Franklin  Licking  Fairfield  
Does this move require a change in SCHOOL BUILDING?  YES  NO  APPROVED  
If YES, From: \_\_\_\_\_ to \_\_\_\_\_ Intra-district (no bus transportation)  
How will your student ARRIVE TO school?  
\_\_\_\_\_ Bus \_\_\_\_\_ Parent \_\_\_\_\_ Daycare \_\_\_\_\_ Walk / Drive  
How will your student LEAVE FROM school?  
\_\_\_\_\_ Bus \_\_\_\_\_ Parent \_\_\_\_\_ Daycare \_\_\_\_\_ Walk / Drive

Has this move resulted from a change in CUSTODY, DIVORCE/SHARED PARENTING?  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 Agent/Property 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: \_\_\_\_\_

X \_\_\_\_\_  
Lease Holder Signature

\_\_\_\_\_  
Date

Student(s):

\_\_\_\_\_  
(Name) (D.O.B.) (Grade)

\_\_\_\_\_  
(Name) (D.O.B.) (Grade)

\_\_\_\_\_  
(Name) (D.O.B.) (Grade)

\_\_\_\_\_  
(Name) (D.O.B.) (Grade)

FOR OFFICE USE:  
SIS #

# REYNOLDSBURG CITY SCHOOLS EMERGENCY AUTHORIZATION FORM

O.R.C.3313.712



Student's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Home Address \_\_\_\_\_ School: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender  M  F  
Student's Cell Phone: (\_\_\_\_) \_\_\_\_\_

## Residential Parent/Guardian Information

Student lives with:  both parents  parent/guardian 1  parent/guardian 2  other \_\_\_\_\_  
Biological/Adoptive parents are:  Married  Divorced  Single-never married  Residing together-not married

### Parent/Guardian 1

Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Can this number receive text messages?  YES  NO  
Employer: \_\_\_\_\_  
Additional Contact Phone: (\_\_\_\_) \_\_\_\_\_  
This contact number is:  Work  Home/Landline  Additional Cell Phone  
Email: \_\_\_\_\_@\_\_\_\_\_

### Parent/Guardian 2

Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Can this number receive text messages?  YES  NO  
Employer: \_\_\_\_\_  
Additional Contact Phone: (\_\_\_\_) \_\_\_\_\_  
This contact number is:  Work  Home/Landline  Additional Cell Phone  
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: (\_\_\_\_) \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_  
This contact number is:  Cell Phone  Home/Landline  Work This contact number is:  Cell Phone  Home/Landline  Work

## Siblings attending Reynoldsburg Schools

Name: \_\_\_\_\_ Gr.: \_\_\_\_\_ School: \_\_\_\_\_ Name: \_\_\_\_\_ Gr.: \_\_\_\_\_ School: \_\_\_\_\_  
Name: \_\_\_\_\_ Gr.: \_\_\_\_\_ School: \_\_\_\_\_ Name: \_\_\_\_\_ Gr.: \_\_\_\_\_ 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)
- National Guard:** student is a dependent of the National Guard (US Army National or Air National Guard).
- Reserve Duty:** student is a dependent of a member of the US Military on Reserve Duty
- My child is NOT a military student.

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

# Medical Alerts

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

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

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

Name of Medication	Taken for	Activity Restrictions

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

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

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

### Medical Providers:

Doctor: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Medical Specialist: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

## CONSENT – Signature Required (Please Sign ONE)

**YES,  
I GRANT CONSENT**

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.

X \_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_ date

**TO GRANT CONSENT**

**OR**

**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

**REFUSAL TO CONSENT**