

For Office Use Only

Date: _____ Effective Date: _____ SIS #: _____ School Building: _____

**REYNOLDSBURG CITY SCHOOLS
TRANSPORTATION FORM**



PLEASE PRINT

All lines must be completed even if your child will not ride a bus daily.

Children in grades KG – 8 will be transported ONLY if their primary residence falls outside of an approximate one (1) mile boundary (as determined by the Transportation Department's Satellite Mapping System), and they are attending their home school. No child will be transported to or from any points other than their assigned neighborhood bus stop (determined by primary residence) and their home school.

High School shuttle system will be established for students beyond the one (1) mile boundary.

Details regarding location of bus stop, approximate time of pick up, and bus number will be provided to you by the Transportation Department or as posted at the school building or website.

Student Name: _____ Grade: _____

Home Address _____ City: _____ Zip: _____

Gender: _____ Date of Birth: _____ Primary Phone #: () _____

Parent/Guardian 1 Name: _____ Contact Number(s): _____

Parent/Guardian 2 Name: _____ Contact Number(s): _____

(please indicate)

HOW WILL YOUR STUDENT ARRIVE AT SCHOOL?	BUS	PARENT	DAYCARE PROVIDER	WALK/0DRIVE
HOW WILL YOUR STUDENT LEAVE FROM SCHOOL?	BUS	PARENT	DAYCARE PROVIDER	WALK/DRIVE

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



SIS#: _____ Student Name: _____ Building: _____

SELF TRANSPORT

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 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: _____

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: _____