

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 1-2 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/Academy: _____
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
Intra-district (no bus transportation)
If YES, From: _____ to _____
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: _____

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
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
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: _____
Relationship to student: _____
Contact Phone: (_____) _____
This contact number is: Cell Phone Home/Landline Work

Name: _____
Relationship to student: _____
Contact Phone: (_____) _____
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: _____

Drug: _____

Insects: _____

Other: _____

EPI-PEN NEEDED

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

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/DRIVE**

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.

Student Signature _____

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: _____

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)

