

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 _____

Street

City/Zip

Primary Phone # (____) _____

Parent/Guardian 1 Name: _____ Cell #: (____) _____ Work #: (____) _____

Parent/Guardian 2 Name: _____ Cell #: (____) _____ Work #: (____) _____

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**
OPEN ENROLLMENT STUDENTS



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: _____