

**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: _____

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