

REYNOLDSBURG CITY SCHOOLS

Empowering leaders who impact the NOW and innovate the FUTURE



Reynoldsburg residents attending schools other than a Reynoldsburg City School must register each student through the Reynoldsburg system in order to be provided with transportation or payment in lieu. Registration information will transfer from year to year, unless there is a change in address or the custody.

The Transportation Request form and Emergency Medical Authorization form are to be completed each school year.

To register, please bring ALL the following documents and completed forms to the Welcome Center:

A. Proof of Residency – Two (2) Documents are Required

If you OWN your home

- A copy of your settlement statement, purchase contract, or property tax statement or county auditor's summary page
- A piece of official mail, such as a utility bill

If you RENT you home –

- A signed copy of your rental agreement listing ALL occupants (including children) and contact information for the lessor
- A piece of official mail, such as a utility bill

B. Proof of Custody

- Student's original birth certificate

AND IF APPLICABLE

- Custody order, divorce decree or separation papers **AND** shared parenting plan (if applicable). State law requires that the school receive a copy of these court filed (stamped and signed by a judge) documents. Only the party awarded residential custody for school enrollment purposes may register the child for transportation.

Please be aware that additional documentation may be required upon review of the registration.

Central Registration is located in the Welcome Center, at 1555 Graham Road in Reynoldsburg. Registration hours are Monday through Friday, 8:00 AM to 4:00 PM. You may fax or email the completed packet and supporting documents to 614-501-1049 or rbayer@reyn.org if you are unable to come to the Welcome Center in person.

Please call (614) 501-1033 if you have any questions regarding the registration procedure. The transportation department, (614) 501-1041, will contact you regarding the busing arrangements for your student once registration has been completed.

Board of Education

Debbie Dunlap, President • Neal Whitman, Vice President
Angela Abram • Robert Barga • Jeni Quesenberry
Melvin J. Brown, Superintendent • Tammira S. Miller, Treasurer

For Office Use Only

Today's Date: _____

Intake Time: _____

Intake By: _____

REYNOLDSBURG CITY SCHOOLS
Reynoldsburg, Ohio 43068
Residents Requesting Transportation ONLY
PAGE T1

Please print in
black or blue ink.

REGISTRATION FORM

RESIDENCY/CUSTODY: Information concerning person(s) *with whom the student is living.*

Street Address: _____ Apt: _____ City: _____ Zip: _____

Primary School Day Phone #: () _____ Primary Evening Phone #: () _____

(Please circle relationship)

Mother / Stepmother / Guardian / Foster Mother
 Name: _____
 Home Phone: () _____
 Cell Phone: () _____
 Employer: _____
 Business Phone: () _____
 E-Mail: _____

(Please circle relationship)

Father / Stepfather / Guardian / Foster Father
 Name: _____
 Home Phone: () _____
 Cell Phone: () _____
 Employer: _____
 Business Phone: () _____
 E-Mail: _____

STUDENT INFORMATION

Please answer each question for each child

Student #1

Student's Legal Name _____
Last First MI

Date of Birth _____ Gender Male Female

School of attendance _____ Grade level _____

Are **biological/adoptive** parents Single/Never been married Married Divorced** Separated Other _____ (please be specific)
State law requires that the school receive a copy of a court filed (stamped and signed by a judge) divorce or separation decree AND shared parenting plan agreement.

Is this student currently under expulsion, suspension, or academic/disciplinary dismissal from any school? Yes No
 Has this student ever been charged with or convicted of a felony, on probation, or court involved? Yes No
 Is this student affected by any other court order? (ex. CPO) Yes No

If yes to any of the above, please explain: _____

Student #2

Student's Legal Name _____
Last First MI

Date of Birth _____ Gender Male Female

School of attendance _____ Grade level _____

Are **biological/adoptive** parents Single/Never been married Married Divorced** Separated Other _____ (please be specific)
State law requires that the school receive a copy of a court filed (stamped and signed by a judge) divorce or separation decree AND shared parenting plan agreement.

Is this student currently under expulsion, suspension, or academic/disciplinary dismissal from any school? Yes No
 Has this student ever been charged with or convicted of a felony, on probation, or court involved? Yes No
 Is this student affected by any other court order? (ex. CPO) Yes No

If yes to any of the above, please explain: _____

Student #3

Student's Legal Name _____
Last First MI

Date of Birth _____ Gender Male Female

School of attendance _____ Grade level _____

Are **biological/adoptive** parents Single/Never been married Married Divorced** Separated Other _____ (please be specific)
State law requires that the school receive a copy of a court filed (stamped and signed by a judge) divorce or separation decree AND shared parenting plan agreement.

Is this student currently under expulsion, suspension, or academic/disciplinary dismissal from any school? Yes No
Has this student ever been charged with or convicted of a felony, on probation, or court involved? Yes No
Is this student affected by any other court order? (ex. CPO) Yes No

If yes to any of the above, please explain: _____

Student #4

Student's Legal Name _____
Last First MI

Date of Birth _____ Gender Male Female

School of attendance _____ Grade level _____

Are **biological/adoptive** parents Single/Never been married Married Divorced** Separated Other _____ (please be specific)
State law requires that the school receive a copy of a court filed (stamped and signed by a judge) divorce or separation decree AND shared parenting plan agreement.

Is this student currently under expulsion, suspension, or academic/disciplinary dismissal from any school? Yes No
Has this student ever been charged with or convicted of a felony, on probation, or court involved? Yes No
Is this student affected by any other court order? (ex. CPO) Yes No

If yes to any of the above, please explain: _____

Please list any additional information or concerns you have about your child(ren): _____

I acknowledge and understand that if the information provided on this form is not true and correct, that knowingly swearing or affirming the truth thereof constitutes criminal falsification, a violation of the Ohio Revised Code Section 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1,000.00 and/or a maximum term of imprisonment of six months. Furthermore, I accept financial responsibility for tuition for the above students if the students were illegally transported by Reynoldsburg City Schools and understand that transportation will be discontinued immediately.

I ATTEST TO THE FACT THAT ALL INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE
Reynoldsburg Board of Education reserves the right to request any additional information for proof of residency and/or custody.

X _____
Signature of Custodial Parent/Guardian _____ **Date** _____

(Revised: 05/12)

Reynoldsburg City Schools
Transportation Request / Renewal / Payment in Lieu
Non-Public - Community - Charter
School year - _____

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

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.

Student Name: _____ Grade: _____ Date of Birth: _____ Gender: _____

School of attendance: _____ Transport: TO school FROM school

Student Name: _____ Grade: _____ Date of Birth: _____ Gender: _____

School of attendance: _____ Transport: TO school FROM school

Student Name: _____ Grade: _____ Date of Birth: _____ Gender: _____

School of attendance: _____ Transport: TO school FROM school

Student Name: _____ Grade: _____ Date of Birth: _____ Gender: _____

School of attendance: _____ Transport: TO school FROM school

Home Address _____ Home Phone # (____) _____

Reynoldsburg 43068 Columbus 43232

Mother/Guardian Name: _____ Cell #: (____) _____ Work #: (____) _____

Father/Guardian Name: _____ Cell #: (____) _____ Work #: (____) _____

Emergency Contact: _____ Phone #: (____) _____ Cell #: (____) _____

We, the student and parent/guardian, acknowledge that we have read and understand the Bus Rules as listed in Appendix A of this packet.

Parent Signature **X** _____ Date _____

***** Office Use Only*****

Location of Bus Stop: _____ Bus#: _____ / _____ Driver Name: _____

Pick Up Time: _____ Drop Off Time: _____ Parent Notified By: _____ Date/Time: _____

KINDERGARTEN/PRE-SCHOOL RELEASE FORMS

Student Name: _____ School of attendance: _____

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.

I, the parent or guardian of _____ a Kindergarten/pre-school child 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.

Signature

Date

I hereby authorize the driver of Bus # _____ to release my daughter/son, _____, 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: _____

I also 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.

Mother/Guardian: _____

Date: _____

Father/Guardian: _____

Date: _____

SIS # _____

**REYNOLDSBURG CITY SCHOOLS
EMERGENCY AUTHORIZATION FORM**

O.R.C.3313.712

**PHOTO
NOT
AVAILABLE**

Student's Name _____

Birthdate _____

Home Address _____

School _____

_____ Zip _____

Teacher _____

Student's Cell Phone (____) _____

Grade _____ Gender M F

Residential Parent/Guardian Information

Student lives with: both parents mother father other _____

Biological parents are: Married Divorced Single-never married Residing together-not married

(Please circle relationship)



please check primary daytime contact number

(Please circle relationship)

Mother / Stepmother / Guardian / Foster Mother

Father / Stepfather / Guardian / Foster Father

Name: _____

Name: _____

Address: _____ Zip _____

Address: _____ Zip _____

Home Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Employer: _____

Employer: _____

Business Phone: (____) _____

Business Phone: (____) _____

E-Mail: _____

E-Mail: _____

Your mother's maiden name: _____

Your mother's maiden name: _____

Contact person(s) in case parents 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: _____

Home Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Relationship to student: _____

Relationship to student: _____

Major Medical Concerns: _____

My child has NO medical concerns. X _____

Parent signature

PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers to be called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

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.

Parent Signature: X _____ Date: _____

TO GIVE CONSENT

You must continue to the back of this page.

Student Name: _____

Medical Alerts

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

Name of Medication	Taken For	Activity Restrictions

ALLERGIES: NO Allergies

Food: _____

Drug: _____

Insects: _____

Other: _____

EPI-PEN NEEDED

Seasonal/Environmental: _____

Custody

1. Is this child subject to any shared parenting agreement custody order? N/A

Mailing address of other parent if order mandates: _____

2. Is there a court order on file with this school that restricts access to this student by any party? Yes No

If yes, whom: _____ Relation to child: _____

This order cannot be executed until the document has been submitted to Central Registration.

PART II – 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:

Parent Signature: _____ **Date:** _____

Student's siblings attending Reynoldsburg Schools

Name: _____ Gr.: __ School: ____ Name: _____ Gr.: __ School: ____

Name: _____ Gr.: __ School: ____ Name: _____ Gr.: __ School: ____

Transportation Information

Please mark arrival and dismissal procedures that apply.

Arrival

- Walker Car Rider
- Bus Rider Bus# _____
Bus Stop Location _____
- Daycare / Babysitter
Name _____
Phone # _____

Dismissal

- Walker Car Rider
- Bus Rider Bus# _____
Bus Stop Location _____
- Daycare / Babysitter
Name _____
Phone # _____