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

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 / Stepmother / 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

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

If yes to any of the above, please explain: ________________________________________________________________
Student #3

Student's Legal Name

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

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.

__________________________________________

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: _______

(Revised 4/15)
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.

X 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: X ___________________________ Date: ________________

Father/Guardian: X ___________________________ Date: ________________

(Revised 5/12)
REYNOLDSBURG CITY SCHOOLS
EMERGENCY AUTHORIZATION FORM
O.R.C.3313.712

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
Name: ____________________________
Address: ____________________________ Zip ____________
Home Phone: (____) ________________
Cell Phone: (____) ________________
Employer: ____________________________
Business Phone: (____) ________________
E-Mail: ____________________________
Your mother's maiden name: ____________________________

Father / Stepfather / Guardian / Foster Father
Name: ____________________________
Address: ____________________________ Zip ____________
Home Phone: (____) ________________
Cell Phone: (____) ________________
Employer: ____________________________
Business Phone: (____) ________________
E-Mail: ____________________________
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.

PAGE T3

(Revised 1/16)
Student Name: ____________________________

Medical Alerts

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

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Taken For</th>
<th>Activity Restrictions</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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:

__________________________________________ Date: __________

Parent Signature: ____________________________

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 # ____________________________

(Revised 1/16)