



**Groveport Madison Schools
&
Community Bus Services, Inc.**
schoolbus@gocruisers.org
614-836-4788



**Transportation Request Form
NON-PUBLIC & CHARTER SCHOOLS**

- ADD**
- CHANGE**
- STOP**

STUDENT INFORMATION

Date: _____

Student ID Number: _____

School Attending: _____

Grade: _____

Last Name: _____ **First Name:** _____ **Middle Name:** _____

2022-23 Grade Level: _____ **Date of Birth:** _____ **Gender:** _____

Street Address: _____

City: _____ **Zip:** _____

Proof of residency must be submitted with this form.

PARENT/GUARDIAN INFORMATION

Last Name: _____ **First Name:** _____

Phone Number: _____ **Email:** _____

Office Use Only

Date received: _____

Date completed: _____

(Authorized Signature)

We believe all Cruisers are valuable. We will unconditionally **SERVE, SUPPORT, and INSPIRE**. Therefore, every Cruiser will maximize their unique **PURPOSE, POTENTIAL, and POWER** to produce the results they want.