



Groveport Madison Schools Transportation Department

4400 Marketing Place, Suite C
Groveport, OH 43125
614-836-4788

INCOMPLETE AND OR OLD FORMS WILL NOT BE PROCESSED

Return form to: Groveport Madison Schools, 4400 Marketing Pl, Suite C, Groveport, OH 43125
Email: Schoolbus@gocruisers.org **No Later than June 30th**

PLEASE PRINT LEGIBLY

STUDENT INFORMATION

#1 Student Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth: _____ Grade: _____ Gender: _____
Address: _____ Zip: _____
Name of School Transportation Requested to: _____

#2 Student Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth: _____ Grade: _____ Gender: _____
Address: _____ Zip: _____
Name of School Transportation Requested to: _____

#3 Student Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth: _____ Grade: _____ Gender: _____
Address: _____ Zip: _____
Name of School Transportation Requested to: _____

PARENT/GUARDIAN INFORMATION AND CERTIFICATION

Mother/Guardian Name: _____
Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____
Email: _____

Father/Guardian Name: _____
Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____
Email: _____

Emergency Contact Name: _____
Relationship to Student: _____ Cell Phone: () _____ Work Phone: () _____

My signature certifies that the above information is current and correct. I will notify the school **immediately** if any of the above information changes.

Parent / Guardian Signature: _____ Date: _____

Groveport Madison Schools Transportation Department Use Only – Do not write below this line:

Service Provided (Check Only One): _____ School Bus _____ Reimbursement _____
Start Date: _____ Bus Route #: _____ Time/Location: _____

Processed By: _____