



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

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: _____



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Residency Verification - Rental

****A copy of your mortgage or lease MUST be submitted with this form****

Residency Verification is part of our enrollment process and **MUST** be completed upon submitting your transportation request forms. The Rental Agent **WILL** be contacted to verify this document.

By signing below, I give Groveport Madison Local Schools my consent to use any legal means to verify my residency. I hereby give my permission for release of information concerning my residency from employers, realtors, rental office, and my utility providers.

Street Address: _____

City: _____

Zip: _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Lease Holder

Signature of Lease Holder

Date

Rental Agent Use Only

As Rental Agent of the above residence, I am aware and give my permission for this family to be living with the Lease Holder at the address listed above.

Printed Name of Rental Agent

Signature of Rental Agent

Date