



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: _____



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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