

TRANSPORTATION REQUEST FORM Groveport Madison Schools

&

Community Bus Services, Inc.

CruiserTrans@com-bus.com 614-486-4180



ADD	REMOVE	CHANGE	HOLD
	STUDENT INFO	ORMATION ONLY	
Date of Request:I	Requested By:		Student ID:
Last Name:	First Name:		Middle Name:
Street Address:			
City:Zip:	-		
2023-24 Grade Level: Da	ate of Birth:	School: _	ist private/charter/non-pub school if necessary
	PARENT/CIIRAD	IAN INFORMATIO	
Last Name:			
School:			
		/DROP-OFF	
			me school zone to qualify
Name:			
Phone:			
Proof of Residency must be provided for tra	ansportation. Required do	cumentation for Proof of	Residency:
Current mortgage statement or lease agn holder, then a Residency Verification form in the state of the s			e Parent/Guardian is not the lease/mortgage
•	e-written statement on bu	usiness letterhead, from t	he landlord must be provided. The letter must the month to month and the current date.
	m and no utilities are in tl		ohone bill, cable/internet bill are all acceptable e then another bill will need to be provided in
The documents can be dropped off at our of	ffice or emailed to cruiser	trans@com-bus.com	
	ll unconditionally SERVE, SI OSE, POTENTIAL, and POW		refore, every Cruiser will maximize their unique they want.

Every Student, Every Lesson, Every Day



Groveport Madison Schools District Service Center

4400 Marketing Place, Suite B Groveport, OH 43125 614-492-2520

Residency Verification

Residency Verification is part of our Enrollment process and must be completed before your appointment. 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 offices, 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 the Lease Holder	Date
(Rental Agent Use Only) As Rental Agent of the above residence, with the Lease Holder at the address list	I am aware and give my permission for this ed above.	family to be living
Printed Name of Rental Agent	Signature of Rental Agent	
 Rental Agent Phone Number		
		Date
Please list all occupants who have been appro	oved to be living with the Lease Holder:	Date



Groveport Madison Schools District Service Center

4400 Marketing Place, Suite B Groveport, OH 43125 614-492-2520

Residency Verification

Residency Verification is part of our Enrollment process and must be completed before your appointment. The Mortgage Holder 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

Street Address	City	Zip
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
(Mortgage Holder Use Only) As Mortgage Holder of the above reside living with me at the address listed abo	ence, I am aware and give my permission for tl	his family to be
Printed Name of Mortgage Holder	Signature of M	ortgage Holdei