



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

Documents that **MUST** be returned at one time: Student Form / Current Mortgage or Lease / Current Utility Bill
Return forms to: Groveport Madison Schools Transportation Dept., 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