

# REYNOLDSBURG CITY SCHOOLS

## Previous School Experience



**FORM A**  
for new KDG. students only

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please **SELECT** any category that pertains to your child, any time in the two (2) years prior to starting Kindergarten

**Head Start Preschool**

1 – 11 months  
800010

12 months or more  
800015

Name: \_\_\_\_\_

Location: \_\_\_\_\_

**Preschool** other than Head Start Preschool  
*Public or private preschool programs licensed by the Department of Education or Job and Family Services.*

1 – 11 months  
800020

12 months or more  
800025

Name: \_\_\_\_\_

Location: \_\_\_\_\_

**Preschool** other than Head Start or Licensed program  
*Unlicensed provider preschool experiences*

1 – 11 months  
800030

12 months or more  
800035

Name: \_\_\_\_\_

Location: \_\_\_\_\_

**Daycare:** Licensed or Unlicensed

Frequency (average number of days per week) \_\_\_\_\_

Duration (average hours per day) \_\_\_\_\_

**None** Student did not attend any preschool program prior to enrolling into Kindergarten  
800040

Please note that upon completion of this enrollment, your child will officially be a student of Reynoldsburg City Schools.

If you move from the district, enroll your child elsewhere or choose not to have him/her attend kindergarten this year, you must notify the home school of such a change.

Your child will remain on the roster here and continued absences will result in missing person/truancy proceedings.

I agree to contact Reynoldsburg City Schools before the start of the school year if I choose not to send my student and understand that failure to do so may result in the involvement of outside agencies.

X \_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date



# REYNOLDSBURG CITY SCHOOLS

Reynoldsburg, Ohio 43068

## SCHOOL REGISTRATION FORM



FORM  
1

Re-Enrollment:  YES  NO  
Student Previously Enrolled in Reynoldsburg

### STUDENT INFORMATION:

(Name must be listed on all forms exactly as shown on the child's Birth Certificate)

Legal Name:  (Last),  (First),  (Middle)

Enrolling in Grade: \_\_\_\_\_ \*\*May be reviewed\*\*

Gender:  Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

(Child must be age 5 by August 1st in order to enroll in kindergarten.)

Country of Birth: \_\_\_\_\_ Is this child a U.S. citizen?  Yes  No  Migrant  Refugee

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County:  Franklin  Licking  Fairfield

Primary Phone: (\_\_\_\_) \_\_\_\_\_

Required by the U.S. Department of Education and the Ohio Department of Education: Must answer BOTH sections.

**Ethnicity:** Hispanic or Latino  YES  NO  
Multiracial  YES  NO

**Race:**  White  Black  Asian  
 American Indian/Alaska Native  
 Native Hawaiian or Other Pacific Islander

If Multiracial, must select 2 or more

### RESIDENCY/CUSTODY: Information concerning person(s) *with whom the student is living with.*

Student lives with:  both parents  parent/guardian 1  parent/guardian 2  other \_\_\_\_\_

Biological/Adoptive parents are:  Married  Divorced  Single-never married  Residing together-not married  
 Widowed

#### Parent / Guardian 1

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_

Can this number receive text messages?  YES  NO

Secondary Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_@\_\_\_\_\_

The child resides with this person during the school year?

Full-time  Part-time

Is this person the child's - legal / court-ordered / school placement - custodian?

YES  NO (If NO . Please ask Welcome Center for assistance)

#### Parent / Guardian 2

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_

Can this number receive text messages?  YES  NO

Secondary Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_@\_\_\_\_\_

The child resides with this person during the school year?

Full-time  Part-time

Is this person the child's - legal / court-ordered / school placement - custodian?

YES  NO (If NO . Please ask Welcome Center for assistance)

**\*\* State law requires that the school receive a copy of a court filed (stamped and signed by a judge) separation or divorce judgment and decree AND shared parenting agreement and decree, before the enrollment process can continue\*\***

Is there a court or police filed document that restricts access to this student by any party (i.e. Protection Order)?  Yes  No

If YES, whom: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\*\*\*This order cannot be executed until the document has been submitted to the Welcome Center which will be forwarded to student's school file.\*\*\*

### STUDENT'S SIBLING(S) – (even if not attending school)

NAME	DOB	GRADE

NAME	DOB	GRADE

Student's Name: \_\_\_\_\_

**PREVIOUS EDUCATION**

Please list **ALL schools** previously attended, **Kindergarten through present**, including any Reynoldsburg Schools:

School Name	City	State	Year(s)	Grade Levels	Public / Private

**PUPIL SERVICES**

Is this student currently receiving special education (**Individualized Education Plan**) or other programming outside the regular classroom?  Yes  No

If yes, indicate disability condition(s): \_\_\_\_\_

*Please provide copy of IEP / ETR (Evaluation Team Report)*

**If you do not provide a copy of the current IEP and ETR, please note that services cannot continue until we receive the documentation from the student's previous school.**

Does your child have a 504 Disability accommodation Plan?  Yes  No  
*If yes, please provide copy of 504 plan*

Is your child currently receiving intervention (e.g. Title I Reading) Services?  Yes  No

Is your student receiving English as a Second Language (ESL) services?  Yes  No  
Native language: \_\_\_\_\_

Is your child receiving any gifted services with a Written Education Plan (WEP)?  Yes  No  
Is your child receiving services with a Written Acceleration Plan (WAP)?  Yes  No

**DISCIPLINE**

Is this student currently under **expulsion** from another school?  Yes  No

Is this student currently under suspension or dismissal, for academic or disciplinary reasons, from any school?  Yes  No

Has there **ever** been a truancy filing against this student?  Yes  No Year \_\_\_\_\_ Grade \_\_\_\_\_

Has this student **ever** been charged with, or convicted of, a felony?  Yes  No Year \_\_\_\_\_ Grade \_\_\_\_\_

Has this student **ever** been on probation or court-involved?  Yes  No Year \_\_\_\_\_ Grade \_\_\_\_\_

Did any of these incidents occur on school property or involve school staff?  Yes  No

If yes to **any above**, please explain and provide court documents relating to the case: \_\_\_\_\_

Please list any additional information or concerns you have about your child: \_\_\_\_\_

**I ATTEST TO THE FACT THAT ALL INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE**

Reynoldsburg Board of Education reserves the right to request any additional information for proof of residency and/or custody.

X \_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

SSID Number: \_\_\_\_\_

SIS Number: \_\_\_\_\_

Records Requested: \_\_\_\_\_

Counselor: \_\_\_\_\_

Placement / Alternative: \_\_\_\_\_

# REYNOLDSBURG CITY SCHOOL

## STATEMENT OF CUSTODY



FORM  
2

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student **lives with**: (check one)

- Guardian 1 and Guardian 2     Guardian 1 Only     Guardian 2 Only     Court Appointed Legal Guardian
- Guardian 1 with spouse     Guardian 2 with spouse     Foster Parent(s): *child is ward of the court*

I state that I am the **residential parent** of said child for the following reason:

- Parents are married and living together.
- I have written proof of custody and a copy is attached. (Divorce judgment entry & decree AND Shared Parenting agreement & decree, separation agreement – **or** - court order, FCCS placement document, HB130)
- I have no written proof of custody for the following reason:
- I was never married to the father/mother of my child.** (Mother will need to write a note for father to visit child on school grounds if child was born after January 1, 1998.) (Father will need affidavit of paternity and custody if the child was born after January 1, 1998 in order to enroll the child and/or have the right to make educational decisions; this includes consent forms, discipline, and IEP/ETR.)
- Mother and Father reside together, but are not legally married.** Same rule applies as above.
- I am still married to the father/mother of my child. We are separated, but not divorced.**  
No custody order exists.
- The father/mother of my child is deceased.** (Attach death certificate.) Affidavit of Paternity will need to be filed by father to establish paternity if mother and father never married and father's name is on birth certificate of child born after January 1, 1998. We will also need a custody order. School district will allow enrollment for 60 days on tuition basis while affidavit is being filed and custody being established.
- I have filed a motion for custody / reallocation of parental rights.**  
My hearing date is: \_\_\_\_\_ Reynoldsburg School district will allow enrollment **for 60 days on a tuition basis** while custody is being established.
- Other**; please specify: \_\_\_\_\_

I acknowledge and understand that if the above information is not true and correct, that knowingly swearing or affirming the truth thereof constitutes criminal falsification, a violation of the Ohio Revised Code Section 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1,000.00 and/or a maximum term of imprisonment of six months. Furthermore, I accept financial responsibility for tuition for the above named student if the student illegally attended Reynoldsburg City Schools and understand that immediate withdrawal will occur.

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Office Use Only:  
 Student Number: \_\_\_\_\_  
 SSID: \_\_\_\_\_

**REYNOLDSBURG CITY SCHOOLS**  
**COURT APPOINTED GUARDIAN / FOSTER STUDENTS**  
**ENROLLMENT INFORMATION**

Student's Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Guardian/Foster Parent: \_\_\_\_\_

Guardian Address: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

REYNOLDSBURG CITY SCHOOLS

**Information regarding the natural parent(s) with whom the student does NOT reside, and school district that is fiscally responsible for educational costs as designated by a court order.**

Birth Parent(s) Name: \_\_\_\_\_

Address: (Mother) \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
 (Father) \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

School District of Residence: \_\_\_\_\_ IRN #: \_\_\_\_\_  
 District Superintendent's Name: \_\_\_\_\_ County: \_\_\_\_\_  
 School District office address: \_\_\_\_\_  
 \_\_\_\_\_

Name of Previous School: \_\_\_\_\_

REYNOLDSBURG CITY SCHOOLS

**For Foster / Court or Children Services Placements:**

Children Services Case Worker: \_\_\_\_\_

Journal Entry / Court Case Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone # \_\_\_\_\_ Office Fax #: \_\_\_\_\_

**Please check appropriate box and attach required documents to this form at time of enrollment:**

- Children Services Documents Enclosed (Enrollment/Transfer Letter; Individual Child Care Agreement)
- Court Order Enclosed  Grandparent House Bill 130 Enclosed

CC: Student Services (CO) / Student File  
 Date Documentation Sent to District of Residence: \_\_\_\_\_

Foster / Custody / SE  
 Open Enrollment  
 RCS start date: \_\_\_\_\_



# REYNOLDSBURG CITY SCHOOLS – IRN 047001

**FORM  
3**

## AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. §1232g and Ohio Revised Code §3319.321, parental consent or consent from the student if he/she is age 18 or older ("eligible student") is required before personally identifiable information contained within the student's education records are disclosed, with limited exceptions as stated in 34 CFR 99.31. (See 34 CFR 99.31)

**SECTION I: STUDENT INFORMATION:** This form provides authorization to release educational records and information relating to:

Student Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade Level: \_\_\_\_\_

Student's Former Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(address under which child was enrolled in last school)

Name of custodial parent(s) / guardian (PLEASE PRINT) \_\_\_\_\_ (as enrolled in last school)

**SECTION II: DISCLOSURE AND USE OF EDUCATIONAL RECORD / SIGNATURE AND ACKNOWLEDGEMENT**

Name of Previous School \_\_\_\_\_

Public    Community  
 Private    Charter

Street Address of Previous School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Public School District: \_\_\_\_\_

Phone (REQUIRED) (\_\_\_\_) \_\_\_\_\_ Fax (REQUIRED) (\_\_\_\_) \_\_\_\_\_

I hereby give my permission to the above referenced previous school to disclose educational records for the above referenced student and information in the manner described below to Reynoldsburg City School District. By signing below, I consent to the disclosure of the records listed below to the specified person(s)/organizations(s) for the purpose stated herein. Requests for revocation must be in writing. If not revoked, this consent will expire one year after the date on which the authorization is signed. If signed by the parent/guardian, he/she represents that the student has not yet reached the age of 18 at the time the consent was given. If signed by the student, he/she represents that he/she is at least 18 years old when consent was given.

**X** \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
**Signature of parent/guardian or eligible student**      Printed Name of parent/guardian or eligible student      Date

**SECTION III: PURPOSE OF AUTHORIZATION:** The purpose of this disclosure of educational records or information is:

- Aid in making present/future educational decisions     
  Assisting the student's absence intervention team and/or plan that was created in accordance with ORC §3321.191

**FOR OFFICE USE ONLY:**

- Previous school please send:       All Records
- |  |   |
|--|---|
| <input type="checkbox"/> Transcript of Grades and Credits up to date of withdraw including most recent report card ( <i>a must for athletic eligibility</i> )<br><input type="checkbox"/> All Test Results / Related Data (any standardized OST) <ul style="list-style-type: none"> <li>• Letter of Placement to 4<sup>th</sup> grade (if applicable)</li> </ul> <input type="checkbox"/> TGRG – on / not on track letter and <ul style="list-style-type: none"> <li>• Intervention / Monitoring Plan (Ohio students – grades K-3)</li> <li>• Tier I Dyslexia Screener Results</li> </ul> <input type="checkbox"/> Current IEP / ETR / 504 and all Special Education Records <ul style="list-style-type: none"> <li>• All Psychological Reports (past/present)</li> <li>• All information regarding counseling sessions</li> </ul> <input type="checkbox"/> Gifted Identification – WEP or WAP<br><input type="checkbox"/> ESL / ELL Screening results & test administered | <input type="checkbox"/> Health Records <ul style="list-style-type: none"> <li>• Immunization Records and TB test results</li> <li>• Speech, language &amp; hearing records (including all issues / concerns)</li> </ul> <input type="checkbox"/> Attendance Records <ul style="list-style-type: none"> <li>• Absence Intervention Plan (if applicable)</li> </ul> <input type="checkbox"/> Discipline Records (suspensions and/or expulsions)<br><input type="checkbox"/> Current Custody Documents (if applicable)<br><input type="checkbox"/> SSID Number ( <i>Ohio Residents</i> )<br><input type="checkbox"/> District IRN ( <i>Ohio Residents</i> ) |
|--|---|
- Other: \_\_\_\_\_

RCS School: _____	FAX #: (____) _____
	PHONE #: (____) _____
	EMAIL: _____@_____



Ohio Department of Health • School and Adolescent Health  
**Health History**

Student's name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
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**Family Health History** Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father:
Mother:
Siblings:

**Birth and Developmental History** No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during the pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No      Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advances

**Student Health Conditions** Does your child receive regular medical/health care for the following conditions?

<input type="checkbox"/> <b>YES</b> , my child receives regular medical /health care for the following conditions <input type="checkbox"/> <b>NO</b> medical conditions		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

Please explain any conditions above or any reason for hospitalization.

**Health History** continued

Please indicate any allergies your child may have. <span style="float: right;"><input type="checkbox"/> <b>NO Allergies</b></span>		
Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Please list any prescription and over the counter medication that your child takes on a regular basis.		
Medication and dose	Time	Reason

Does your child have any physical education class restrictions?     Yes     No

If YES, please explain.

Do any health and/or medical conditions require school restrictions, modifications and/or intervention?     Yes     No

If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671).

**A copy of your child's immunization record must be on file within 14 days of the first day of attendance in order for that child to remain in school.**

<b>Form completed by:</b>	<b>Relationship to student</b>	Date                    /                    /
---------------------------	--------------------------------	--

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

**Signature X** \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE:  
SIS #

REYNOLDSBURG CITY SCHOOLS  
EMERGENCY AUTHORIZATION FORM

O.R.C.3313.712



Student's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender  M  F

Student's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Residential Parent/Guardian Information

Student lives with:  both parents  parent/guardian 1  parent/guardian 2  other \_\_\_\_\_

Biological/Adoptive parents are:  Married  Divorced  Single-never married  Residing together-not married

Parent/Guardian 1

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Can this number receive text messages?  YES  NO

Employer: \_\_\_\_\_

Additional Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

This contact number is:  Work  Home/Landline  Additional Cell Phone

Email: \_\_\_\_\_ @ \_\_\_\_\_

Parent/Guardian 2

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Can this number receive text messages?  YES  NO

Employer: \_\_\_\_\_

Additional Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

This contact number is:  Work  Home/Landline  Additional Cell Phone

Email: \_\_\_\_\_ @ \_\_\_\_\_

Custody (if applicable):

Is this child subject to any  shared parenting agreement  custody order  guardianship  foster placement  \_\_\_\_\_

Name and mailing address of other parent if order mandates: \_\_\_\_\_

Is there a court or police filed document that restricts access to this student by any party (i.e. Protection Order)?  Yes  No

If YES, whom: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\*\*\*This order cannot be executed until the document has been submitted to the Welcome Center which will be forwarded to student's school file. \*\*\*

Contact person(s) in case parents/guardians cannot be reached

This form is utilized if your child becomes ill or has an emergency while at school. It authorizes us to contact additional people should a parent or guardian be unavailable. For this reason, it is important that you list more than one contact number. If your information changes throughout the school year, please be sure to notify the office.

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

This contact number is:  Cell Phone  Home/Landline  Work

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

This contact number is:  Cell Phone  Home/Landline  Work

Siblings attending Reynoldsburg Schools

Name: \_\_\_\_\_ Gr.: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Gr.: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Gr.: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Gr.: \_\_\_\_\_ School: \_\_\_\_\_

Military Student Identifier

Please indicate if this student is a dependent of the following:

- Active Duty: student is dependent of a member of the Active Duty Forces (United States Army, Air Force, Marine Corps or Coast Guard)
- National Guard: student is a dependent of the National Guard (US Army National or Air National Guard).
- Reserve Duty: student is a dependent of a member of the US Military on Reserve Duty
- My child is NOT a military student.

Student's Name: \_\_\_\_\_

## Medical Alerts

My child has **NO** medical concerns  \_\_\_\_\_  
parent/guardian signature

Major Medical Concerns (list as follows): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Routine **MEDICATIONS** (including those taken at home):  **NO** Medications

Name of Medication	Taken for	Activity Restrictions

**ALLERGIES:**  **NO** Allergies

- |  |  |
|--|--|
| <input type="checkbox"/> Food: _____           | <input type="checkbox"/> Drug: _____                   |
| <input type="checkbox"/> Insects: _____        | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> <b>EPI-PEN NEEDED</b> | <input type="checkbox"/> Seasonal/Environmental: _____ |

Per our family religious convictions, this student does not consume the following food: \_\_\_\_\_  
 \_\_\_\_\_

### Medical Providers:

Doctor: _____	Phone Number: (____) _____
Dentist: _____	Phone Number: (____) _____
Medical Specialist: _____	Phone Number: (____) _____

## CONSENT – Signature Required (Please Sign ONE)

### YES, I GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor, or, in the event that the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

X \_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_ date

TO GRANT CONSENT

**OR**

### NO, REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of an emergency or illness requiring treatment, I wish the school authorities to take the following action:

X \_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_ date

REFUSAL TO CONSENT

# REYNOLDSBURG CITY SCHOOLS

## SPECIAL EDUCATION SERVICES

Please complete this form even if your student does not receive services



FORM  
6

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Last District Attended: \_\_\_\_\_  
(printed)

1. Has your child EVER received Special Education service(s) in the past?  YES  NO

Parent Signature: \_\_\_\_\_

2. Does your child receive Special Education service(s) now?  YES  NO

Parent Signature: \_\_\_\_\_

### If NO to questions 1 & 2, skip to final signature block

Did you bring copies of paperwork? IEP (annual plan)  YES  NO

ETR (evaluation)  YES  NO

*If you do not have your child's IEP & ETR, please note that services cannot continue until current IEP & ETR are received from the student's previous school.*

Parent Signature: \_\_\_\_\_

Eligibility area (disability): \_\_\_\_\_

Type of service:  Inclusion  
 Pull out  
 Other \_\_\_\_\_

Related services?  YES  NO Type: \_\_\_\_\_

I ATTEST TO THE FACT THAT ALL INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE

X \_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Date



PowerSchool Student Number# \_\_\_\_\_

# REYNOLDSBURG CITY SCHOOLS



## ONE-TIME PARENT CONSENT FORM

### Parent Consent to Share Information and Access Public Benefits

#### Reynoldsburg City Schools

Ohio School Districts have the opportunity to receive Federal Medicaid dollars through a program called the Ohio Medicaid School Program (OMSP). *Through this important program, all Ohio school districts can receive critically necessary Medicaid dollars to help support the special education services provided to its students, such as Speech/Language, Audiology, Physical Therapy, Occupational Therapy, Nursing, Psychology, Counseling and Social Work.*

In the process of billing Medicaid for these services, a limited amount of billing information must be shared with the Ohio Department of Medicaid. To do so, we must obtain a one-time/life signed Parent Consent to share the following **NON-MEDICAL** information.

- Your child's name, Medicaid recipient number and birth date
- Service code (numerical code that identifies the service(s) provided)
- Service time spent with your child (number of minutes)

Your consent is voluntary. You have the right under Federal Medicaid Regulations (34 CFR Part 99 and Part 300) to withdraw your consent at any time. *You are not ever required to enroll in Medicaid for your child to receive special education services in this or any other Ohio Public School District. No matter whether you grant, refuse or revoke consent, **your child will be provided with an evaluation and/or services listed in their IEP, AT NO COST to your family.*** The School District's Medicaid billing process **will not require** you to incur any out-of-pocket expenses such as deductible or co-pay, decrease lifetime coverage, increase premiums or lead to the discontinuation of benefits, or result in you paying for services that would otherwise be covered by Medicaid.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- I understand and **agree to give permission** to share my child's IEP records in order to access Medicaid.
- I **do not give my permission** to share my child's IEP records in order for the School District to receive Medicaid funding.

Parent/Guardian Name (printed): \_\_\_\_\_

X \_\_\_\_\_ date

parent/guardian signature



Building: \_\_\_\_\_ Grade: \_\_\_\_\_

SSID: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Appendix A: Language Usage Survey**

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____	<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____
<p><b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.</p>	<p>1. In what language(s) would your family prefer to communicate with the school? _____</p> <p>2. Do you need an interpreter to communicate with the school <input type="checkbox"/> Yes    <input type="checkbox"/> No If yes, what language? _____</p>
<p><b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>3. What language did your child learn first? _____</p> <p>4. What language does your child use the most at home? _____</p> <p>5. What languages are used in your home? _____</p>
<p><b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes    <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States? <input type="checkbox"/> Yes    <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____/_____/_____ Month      Day      Year</p>
<p>Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____</p> <p><b>Parent/Guardian Signature:</b> _____ Today's Date: <i>(mm/dd/yyyy)</i> _____</p>	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



**\*\*\*COMPLETED BY SCHOOL EMPLOYEE\*\*\***

1. **Check.** Confirm the following statements related to the administration of Ohio’s language usage survey:

- ✓ The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- ✓ The district or school informed the parent(s) or guardian(s) of the form’s purpose. The language usage survey only is used to understand students’ linguistic experiences and educational background.

- ✓ The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- ✓ For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- ✓ Results of the language usage survey are kept with the student’s cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

**Record.** Indicate responses from the language usage survey in the table below.  
Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

<p><b>Student’s native language</b> See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	_____
<p><b>Student’s home language</b> See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	_____
<p><b>Potential English learner</b> See Language Usage Survey Questions 2-4.</p>	<input type="checkbox"/> Yes. Assess the student’s English proficiency. <input type="checkbox"/> No. Do not assess the student’s English proficiency.
<p><b>Immigrant student status</b> See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the student is not an immigrant child.

**Validate.** Complete the information below.

\_\_\_\_\_  
Signature of validating school employee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of validating school employee

**Reynoldsburg City Schools**  
\_\_\_\_\_  
Name of school or school district

# REYNOLDSBURG CITY SCHOOLS



## TB Test Requirement Questionnaire

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please complete the questions below.  
Failure to provide accurate information could result in your child's removal from school.

**My child was born in the United States and has never traveled outside of the country.**

X \_\_\_\_\_  
parent/guardian signature
date

**My child was born *outside* of the United States.**

For Office Use  
L H

Country of birth: \_\_\_\_\_

Year of arrival in the US: \_\_\_\_\_ First year of school in the US: \_\_\_\_\_

X \_\_\_\_\_  
parent/guardian signature
date

**My child has traveled to the following countries (regardless of birthplace).**

Country	Approximate Dates	For Office Use	
		L	H
		L	H
		L	H
		L	H
		L	H

X \_\_\_\_\_  
parent/guardian signature
date

FOR OFFICE USE ONLY:

TB Test Required?  YES  NO      Received during enrollment by: \_\_\_\_\_ Date \_\_\_\_\_



# REYNOLDSBURG CITY SCHOOLS

FORM  
10

## Required Questionnaire

ID \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_ School Year: \_\_\_\_\_

### Hardware Questionnaire: Check the box that applies

<input type="checkbox"/>	<b>Student Access to Computer</b> The student has regular access to a <b>desktop, laptop, or tablet</b> , not provided by the student's school, for the student to use to complete schoolwork at their primary residence.	700212
<input type="checkbox"/>	<b>Student Access to Smartphone</b> The student has regular access to a <b>smartphone</b> for the student to use to complete schoolwork at their primary residence.	700234
<input type="checkbox"/>	<b>No Regular Access to Hardware</b> The student <b>does not have regular access</b> to a desktop, laptop, tablet, or smartphone for the student to use to complete schoolwork at their primary residence.	700245
<input type="checkbox"/>	<b>Unknown Access to Hardware</b> The student's access to a desktop, laptop, tablet, or smartphone for the student to use to complete schoolwork at their primary residence is <b>unknown</b> .	700299

### Connectivity Questionnaire: Check the box that applies

<input type="checkbox"/>	<b>Internet Via Broadband</b> The student has internet connectivity primarily through cable, DSL, or some other non-cellular access method for the student to use to complete schoolwork at their primary residence.	700412
<input type="checkbox"/>	<b>Internet Via Hotspot</b> The student has internet connectivity primarily through cellular hotspot or cell phone for the student to use to complete schoolwork at their primary residence.	700434
<input type="checkbox"/>	<b>No Regular Access to Internet</b> The student does not have regular internet connectivity for the student to use to complete schoolwork at their primary residence.	700445
<input type="checkbox"/>	<b>Unknown Access to Internet</b> The student's internet connectivity for completing schoolwork at their primary residence is unknown.	700499

### Military Student Identifier: Please Indicate if this student is a dependent of the following:

<input type="checkbox"/>	<b>Active Duty</b>	Student is a dependent of a member of the <b>Active Duty Forces</b> (Army, Navy, Air Force, Marine Corps, Space Force or Coastal Guard)
<input type="checkbox"/>	<b>National Guard</b>	Student is a dependent of a member of the <b>National Guard</b> (Army National Guard or Air National Guard)
<input type="checkbox"/>	<b>Reserve Duty</b>	Student is a dependent of a member on <b>Reserve Duty</b>
<input type="checkbox"/>	My child is <b>NOT</b> a military student	<b>Not applicable.</b> Not a military student

I ATTEST TO THE FACT THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE

X \_\_\_\_\_

Signature of Custodial Parent/Guardian

\_\_\_\_\_

Date



Book	Policy Manual
Section	7000 Property
Title	STUDENT TECHNOLOGY ACCEPTABLE USE AND SAFETY
Code	po7540.03
Status	Active
Adopted	April 16, 2019
Last Revised	December 21, 2023

### 7540.03 - **STUDENT TECHNOLOGY ACCEPTABLE USE AND SAFETY**

Technology directly affects the ways in which information is accessed, communicated, and transferred in society. Educators are expected to continually adapt their means and methods of instruction and the way they approach student learning to incorporate the latest technologies. The Board of Education provides Information & Technology Resources (as defined in Bylaw 0100) (collectively, "District Information & Technology Resources") to support the educational and professional needs of its students and staff. With respect to students, District Information & Technology Resources afford them the opportunity to acquire the skills and knowledge to learn effectively and live productively in a digital world. The Board provides students with access to the Internet for educational purposes only and utilizes online educational services/apps to enhance the instruction delivered to its students. The District's computer network and Internet system do not serve as a public access service or a public forum and the Board imposes reasonable restrictions on its use consistent with its stated educational purpose.

The Board regulates the use of District Information & Technology Resources in a manner consistent with applicable local, State, and Federal laws, the District's educational mission, and articulated expectations of student conduct as delineated in the Student Code of Conduct. This policy and its related administrative guidelines and the Student Code of Conduct govern students' use of District Information & Technology Resources and students' personal communication devices when they are connected to District Information & Technology Resources, including online educational services/apps, regardless of whether such use takes place on or off school property (see Policy 5136).

Students are prohibited from using District Information & Technology Resources to engage in illegal conduct (e.g., libel, slander, vandalism, harassment, theft, plagiarism, inappropriate access, etc.) or conduct that violates this Policy and its related administrative guidelines and the Student Code of Conduct (e.g., making personal attacks or injurious comments, invading a person's privacy, etc.). Nothing herein, however, shall infringe on students' First Amendment rights. Because its Information & Technology Resources are not unlimited, the Board may institute restrictions aimed at preserving these resources, such as placing limits on use of bandwidth, storage space, and printers.

Students have no right or expectation to privacy when using District Information & Technology Resources (including, but not limited to, privacy in the content of their personal files, messages/e-mails, and records of their online activity).

While the Board uses various technologies to limit students using its Information & Technology Resources to only use/access online educational services/apps and resources that have been pre-approved for the purpose of instruction, study, and research related to the curriculum, it is impossible to prevent students from accessing and/or coming in contact with online content that has not been pre-approved for use by students of certain ages. It is no longer possible for educators and community members to review and screen materials to assess their appropriateness for supporting and enriching the curriculum according to adopted guidelines and reasonable selection criteria (taking into account the varied instructional needs, learning styles, abilities, and developmental levels of the students who would be exposed to them) when significant portions of students' education take place online or through the use of online educational services/apps.

Pursuant to Federal law, the Board implements technology protection measures that protect against (e.g., filter or block) access to visual displays/depictions/materials that are obscene, constitute child pornography, and/or are harmful to minors, as defined by the Children's Internet Protection Act (CIPA). At the discretion of the Board or the Superintendent, the technology protection measures may be configured to protect against access to other material considered inappropriate for students to access. The Board also utilizes software and/or hardware to monitor the online activity of students to restrict access to child pornography and other material that is obscene, objectionable, inappropriate, and/or harmful to minors. The

technology protection measures may not be disabled at any time that students may be using District Information & Technology Resources if such disabling will cease to protect against access to materials that are prohibited under CIPA. Any student who attempts to disable the technology protection measures will be disciplined.

The Superintendent or Technology Director may temporarily or permanently unblock access to websites or online educational services/apps containing appropriate material if access to such sites has been mistakenly, improperly, or inadvertently blocked by the technology protection measures. The determination of whether material is appropriate or inappropriate shall be based on the content of the material and the intended use of the material, not on the protection actions of the technology protection measures.

Parents are advised that a determined user may be able to gain access to online content and/or services/apps that the Board has not authorized for educational purposes. In fact, it is impossible to guarantee students will not gain access through the Internet to content that they and/or their parents may find inappropriate, offensive, objectionable, or controversial. Parents of minors are responsible for setting and conveying the standards that their children should follow when using the Internet.

Principals are responsible for providing training so that students under their supervision are knowledgeable about this policy and its accompanying guidelines.

Pursuant to Federal law, students shall receive education about the following:

- A. safety and security while using e-mail, chat rooms, social media, and other forms of direct electronic communications;
- B. the dangers inherent with the online disclosure of personally identifiable information;
- C. the consequences of unauthorized access (e.g., "hacking", "harvesting", "digital piracy", "data mining", etc.), cyberbullying, and other unlawful or inappropriate activities by students online; and
- D. unauthorized disclosure, use, and dissemination of personally-identifiable information regarding minors.

Staff members shall provide guidance and instruction to their students regarding the appropriate use of District Information & Technology Resources and online safety and security as specified above. Additionally, such training shall include, but not be limited to, education concerning appropriate online behavior including interacting with others on social media, including in chat rooms, and cyberbullying awareness and response. Furthermore, staff members will monitor the online activities of students while they are at school.

Monitoring may include, but is not necessarily limited to, visual observations of online activities during class sessions or use of specific monitoring tools to review browser history and network, server, and computer logs.

All students who use District Information & Technology Resources (and their parents if they are minors) are required to sign a written agreement to abide by the terms and conditions of this policy and its accompanying guidelines. See Form 7540.03 F1.

In order to keep District Information & Technology Resources operating in a safe, secure, efficient, effective, and beneficial manner to all users, students are required to comply with all District-established cybersecurity procedures. Principals are responsible for providing such training on a regular basis and measuring the effectiveness of the training.

Students will be assigned a District-provided school email account that they are required to utilize for all school-related electronic communications, including those to staff members, peers, individuals, and/or organizations outside the District with whom they are communicating for school-related projects and assignments. Further, as directed and authorized by their teachers, they shall use their school-assigned e-mail account when signing-up/registering for access to various online educational services/apps.

Students are responsible for good behavior when using District Information & Technology Resources – i.e., behavior comparable to that expected of students when they are in physical classrooms and school buildings and at school-sponsored events. Because communications on the Internet are often public in nature, general school rules for behavior and communication apply. The Board does not approve any use of its Information & Technology Resources that is not authorized by or conducted strictly in compliance with this policy and its accompanying guidelines.

Students may only use District Information & Technology Resources to access or use social media if it is done for educational purposes in accordance with their teacher's approved plan for such use.

### **Use of Artificial Intelligence/Natural Language Processing Tools For School Work**

Students are required to rely on their own knowledge, skills, and resources when completing school work. In order to ensure the integrity of the educational process and to promote fair and equal opportunities for all students, except as outlined below, the use of Artificial Intelligence (AI) and Natural Language Processing (NLP) tools (collectively, "AI/NLP tools") is strictly prohibited for the completion of school work. The use of AI/NLP tools, without the express permission/consent of a teacher, undermines the learning and problem-solving skills that are essential to academic success and that the staff is tasked to develop in each student. Students are encouraged to develop their own knowledge, skills, and understanding of course material rather than relying solely on AI/NLP tools and they should ask their teachers when they have questions and/or need assistance. Unauthorized use of AI/NLP tools is considered a form of plagiarism and any student found using these tools without permission or in a prohibited manner will be disciplined in accordance with the Student Code of Conduct.

Notwithstanding the preceding, students can use AI/NLP tools in the school setting if they receive prior permission/consent from their teacher, so long as they use the AI/NLP tools in an ethical and responsible manner. Teachers have the discretion to authorize students to use AI/NLP tools for the following uses:

- A. Research assistance: AI/NLP tools can be used to help students quickly and efficiently search for and find relevant information for their school projects and assignments.
- B. Data Analysis: AI/NLP tools can be used to help students to analyze, understand, and interpret large amounts of data, such as text documents or social media posts. This can be particularly useful for research projects or data analysis assignments – e.g., scientific experiments and marketing research.
- C. Language translation: AI/NLP tools can be used to translate texts or documents into different languages, which can be helpful for students who are learning a new language or for students who are studying texts written in a different language.
- D. Writing assistance: AI/NLP tools can provide grammar and spelling corrections, as well as suggest alternative word choices and sentence structure, to help students improve their writing skills.
- E. Accessibility: AI/NLP tools can be used to help students with disabilities access and understand written materials. For example, text-to-speech software can help students with specific learning disabilities or visual impairments to read texts and AI-powered translation tools can help students with hearing impairments understand spoken language.

As outlined above, under appropriate circumstances, AI/NLP tools can be effectively used as a supplement to and not a replacement for traditional learning methods. Consequently, with prior teacher permission/consent, students can use such resources to help them better understand and analyze information and/or access course materials. If a student has any questions about whether they are permitted to use AI/NLP tools for a specific class assignment, they should ask their teacher.

Users who disregard this policy and its accompanying guidelines may have their use privileges suspended or revoked and disciplinary action taken against them. Users are personally responsible and liable, both civilly and criminally, for uses of District Information & Technology Resources that are not authorized by this policy and its accompanying guidelines.

The Board designates the Superintendent and Technology Director as the administrator(s) responsible for initiating, implementing, and enforcing this policy and its accompanying guidelines as they apply to students' use of District Information & Technology Resources.

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Legal

- P.L. 106-554, Children's Internet Protection Act of 2000
- 18 U.S.C. 1460
- 18 U.S.C. 2246
- 18 U.S.C. 2256
- 20 U.S.C. 6777, 9134 (2003)
- 20 U.S.C. 6801 et seq., Part F, Elementary and Secondary Education Act of 1965, as amended (2003)
- 47 C.F.R. 54.500 - 54.523
- 47 U.S.C. 254(h), (1), Communications Act of 1934, as amended (2003)







# REYNOLDSBURG CITY SCHOOLS

*Empowering leaders who impact the NOW and innovate the FUTURE*



FORM  
12

## Media/Electronic Release Form

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Reynoldsburg City Schools may develop, participate in, or be the subject of media and/or electronic based Internet presentations such as the Reynoldsburg City Schools home page and events that highlight various educational activities that take place during the course of the school year.

### These presentations/events will include but will not be limited to the following:

- Videotapes
- Computer-generated presentations that may incorporate scanned photographs and video clips.
- Computer-based productions transmitted via telecommunications
- Photographs
- Web pages designed at school

### These media-based presentations may be used in:

- Student recruitment presentation
- Faculty presentations
- The Reynoldsburg City Schools home page
- Staff development activities
- Media festivals
- Public relations (newspaper articles, TV presentations, social media, etc.)

## ACCEPT / DECLINE – Signature Required (Please Sign ONE)

### ACCEPT

I hereby represent that I am the parent/legal guardian of the above student and has the right to sign this release granting Reynoldsburg City Schools permission to use the student's name and/or voice, likeness and any or all of the audio or video footage in any of the Reynoldsburg City Schools or media-based productions for the above stated purpose.

X \_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date

ACCEPTANCE OF MEDIA RELEASE

### DECLINE

I hereby represent that I am the parent/legal guardian of the above student and decline consent granting Reynoldsburg City Schools permission to use my child's name, voice, or likeness in any of the circumstances as mentioned above.

X \_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date

DECLINE MEDIA RELEASE

OR





# REYNOLDSBURG CITY SCHOOLS RULES AND REGULATIONS FOR BUS RIDERS

## BEFORE THE BUS ARRIVES

1. Leave home on time each day.
2. Walk facing traffic if there are no sidewalks.
3. **Arrive at your regular pick-up spot five minutes before the bus.**
4. Wait off the roadway, not in the street.
5. Stay off lawns, and avoid horseplay, scuffling, and fighting.

## BOARDING THE BUS

1. Wait for the bus to come to a full stop.
2. Be polite and take your turn getting on the bus.
3. Use the handrail.

## CONDUCT ON THE BUS

1. Follow the directions of the driver, including seat assignment, if given.
2. Walk to your seat sit down and remain seated. Do not stand or move around while the bus is moving. No one is permitted to save a seat for another.
3. Sit three to a seat, if necessary, and be careful not to block aisles.
4. Do not talk to the bus driver unless it is an emergency.  
(Drivers need to keep their minds on driving and their eyes on the road).
5. Talk quietly so that the driver can hear traffic sounds.
6. Keep arms, feet, book bags, and school books out of the aisles.
7. Do not open or close windows, except when requested by the driver.
8. Keep hands and head inside the bus. Do not stick anything out of the windows or throw anything out of the bus.
9. Profane language and yelling are not permitted.
10. Eating is not permitted on the bus.
11. Smoking is not permitted on the bus. Do not light matches or lighters on the bus.
12. Do not deface or litter the bus; use waste baskets.
13. Do not tamper with the safety device or any other equipment.
14. Band instruments and other items that can be carried by the student without taking up room of another student on a crowded bus, or blocking the center aisle, may be carried on the bus. When there is a difference in the point of view of the student, band director, and driver, the Superintendent designee of the school shall make the determination.
15. Students are not permitted to use cellphones while riding the bus.

## LEAVING THE BUS

1. Get off only at your assigned stop and go directly home.
2. Do not leave your seat until the bus comes to a full stop.
3. Take your turn; do not crowd in front of others.
4. Use the handrails and watch your step.
5. Look both ways, and check for turning cars before you cross the street. **Cross on signal by the bus driver.**

## IN CASES OF EMERGENCY OR WHEN THE DRIVER MUST LEAVE THE BUS

1. Stay seated and remain quiet.
2. Do not touch emergency equipment.
3. Depend on the driver's training to take care of the situation.
4. Be ready to follow the instructions of the driver or police officer.

**NOTE: Violation of the above rules and regulations may result in suspension of transportation.**



**For Office Use Only**

Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_ SIS #: \_\_\_\_\_ School Building: \_\_\_\_\_

**REYNOLDSBURG CITY SCHOOLS  
TRANSPORTATION FORM**



**PLEASE PRINT**

**All lines must be completed even if your child will not ride a bus daily.**

Children in grades KG – 8 will be transported ONLY if their primary residence falls outside of an approximate one (1) mile boundary (as determined by the Transportation Department’s Satellite Mapping System), and they are attending their home school. No child will be transported to or from any points other than their assigned neighborhood bus stop (determined by primary residence) and their home school.

High School shuttle system will be established for students beyond the one (1) mile boundary.

Details regarding location of bus stop, approximate time of pick up, and bus number will be provided to you by the Transportation Department or as posted at the school building or website.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Primary Phone #: ( ) \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Contact Number(s): \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Contact Number(s): \_\_\_\_\_

(please indicate)

HOW WILL YOUR STUDENT **ARRIVE** AT SCHOOL?  **BUS**  **PARENT**  **DAYCARE PROVIDER**  **WALK/0DRIVE**

HOW WILL YOUR STUDENT **LEAVE** FROM SCHOOL?  **BUS**  **PARENT**  **DAYCARE PROVIDER**  **WALK/DRIVE**

We, the student and parent/guardian, acknowledge that we have read and understand the **BUS RULES** and understand that transportation requests are honored on a first-come-first-served basis and seat availability.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# KINDERGARTEN / PRESCHOOL TRANSPORTATION RELEASE FORMS



SIS#: \_\_\_\_\_ Student Name: \_\_\_\_\_ Building: \_\_\_\_\_

## SELF TRANSPORT

My child will **NOT** be riding a Reynoldsburg City School bus during his/her kindergarten school year.

He/she will be transported by  parent/designee or  daycare

Name of babysitter or daycare: \_\_\_\_\_ Phone: \_\_\_\_\_

## BUS RIDER

I hereby authorize the bus driver to release my son/daughter, \_\_\_\_\_, from the school bus for kindergarten/pre-school drop off at the assigned bus stop to the following adult(s) **[must be 18 years of age or older]**:

(PLEASE INCLUDE STUDENT'S PARENTS IF APPLICABLE)

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I acknowledge that I have read and understand the letter as stated in this packet and the kindergarten/pre-school drop off procedure. I also understand that my child will not be enrolled in the Reynoldsburg Schools until I return this form signed. I further understand that I may contact my school principal to come up with an alternative plan, if there is a hardship, which makes complying with this policy impossible.

In addition, I agree on behalf of myself and my child, to release, discharge, and hold harmless the Reynoldsburg City Schools and any agent, representative, or employee of such school district from responsibility for any and all harm, which may come to my daughter/son, as a result of this action. I understand it is my responsibility to update this form as changes are needed.

Parent/Guardian 1: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2: **X** \_\_\_\_\_ Date: \_\_\_\_\_

# REYNOLDSBURG CITY SCHOOLS



FORM  
14

## Welcome Center

1555 Graham Road, Reynoldsburg, Ohio 43068  
Phone: 614-501-1033 Fax: 614-501-1049

### Residency Verification Release

**To be completed by families RENTING / LEASING their home.**

Form **MUST** be completed by the leaseholder.

**Must be completed by families RENTING / LEASING their home.**

Lease Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Lease begins (date): \_\_\_\_\_ Lease ends (date): \_\_\_\_\_ Month-to-month

### REQUIRED

Landlord / Rental Agent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

### REQUIRED

I hereby authorize Reynoldsburg City Schools to contact my Landlord/Rental Agent/Property Manager in order to verify my residency at the address of record with the District, both at the time of enrollment and/or at any time during my child's enrollment. I understand that lack of proper proof of residency or falsification of information provided will result in my student's withdraw from Reynoldsburg City Schools.

Lease Holder PRINT NAME: \_\_\_\_\_

X \_\_\_\_\_  
Lease Holder Signature Date

Student(s):

\_\_\_\_\_  
(Name) (D.O.B.) (Grade) (Name) (D.O.B.) (Grade)

\_\_\_\_\_  
(Name) (D.O.B.) (Grade) (Name) (D.O.B.) (Grade)