



Groveport Madison Schools Transportation Department

4400 Marketing Place, Suite C
Groveport, OH 43125
614-836-4788

NON-PUBLIC / CHARTER SCHOOL TRANSPORTATION REQUEST FORM

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

STUDENT INFORMATION (PLEASE PRINT LEGIBLY)

#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 (PLEASE PRINT LEGIBLY)

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: _____