



**Groveport Madison Schools
&
Community Bus Services, Inc.
schoolbus@gocruisers.org
614-836-4788**



**Transportation Request Form
NON-PUBLIC & CHARTER SCHOOLS**

- ADD**
- CHANGE**
- STOP**

STUDENT INFORMATION

Date: _____

Student ID Number: _____

School Attending: _____

Grade: _____

Last Name: _____ First Name: _____ Middle Name: _____

2022-23 Grade Level: _____ Date of Birth: _____ Gender: _____

Street Address: _____

City: _____ Zip: _____

Proof of residency must be submitted with this form.

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____

Phone Number: _____ Email: _____

Office Use Only

Date received: _____

Date completed: _____

(Authorized Signature)



Mortgage Use Only

**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 employers, realtors, rental offices, and my utility providers.

Street Address City Zip

Printed Name of Parent/Guardian Signature of Parent/Guardian Date

(Mortgage Holder Use Only)

As Mortgage Holder of the above residence, I am aware and give my permission for this family to be living with me at the address listed above.

Printed Name of Mortgage Holder Signature of Mortgage Holder

Mortgage Holder Phone Number Date

Please list all occupants who have been approved to be living with the Mortgage Holder:



Lease Use Only

**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, 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

Rental Agent Phone Number Date

Please list all occupants who have been approved to be living with the Lease Holder:
