



Groveport Madison Schools Transportation Department

4400 Marketing Place, Suite C
Groveport, OH 43125

614-836-4788

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: _____

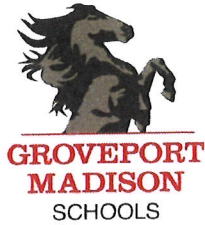
Printed Name of Parent/Guardian Signature of Parent/Guardian Date

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



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

Return form to: Groveport Madison Schools, 4400 Marketing Pl, Suite C, Groveport, OH 43125

Email: Schoolbus@gocruisers.org **No Later than June 30th**

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: _____