

South-Western City School District Transportation Registration for Charter & Non Public Schools

In order for your child(ren) to be transported by South-Western City Schools Transportation Department, certain criteria must be met:

- You must live in the South-Western City School District boundary. You can check
 if your address is within our boundary at http://www.croppermap.com/swcsohiov2/
- You must provide Proof of Residency (see below)
- Your child(ren) must be registered with a charter/non-public school for which transportation is offered by South-Western City Schools.
- The child must be at least five-years-old by September 30th, 2021.

Proof of Residency Acceptable Documents Please provide one of the following:

- A current lease/Rental Agreement (signed by the landlord & tenant)
- A deed (signed and recorded)
- A home purchase settlement statement (signed by seller and buyer)
- A utility bill in the parent/guardian's name <u>dated within the last 30 days</u> (examples: gas, electric, water, trash, internet/cable)

Oath of Residency

- If you are living with a friend/relative in the SWCSD, you must complete an <u>Oath of Residency</u>, signed by both the Parent/Guardian <u>and</u> the Homeowner/Renter and also signed and notarized by a Notary Public.
- We will then need Proof of Residency (see above acceptable documents) in the Homeowner's/Renter's name. We will also need a current piece of mail (<u>dated within</u> <u>the last 30 days</u>) with the Parent/Guardian's name from the same address.

If you have any questions, please contact our office at (614) 801-8550, or email transportation@swcsd.us



Email: transportation@swcsd.us Fax: 614-277-3591

| Offi | се | Use | On | ly: |
|------|----|-----|----|-----|
| | | | | |

| Student # | |
|------------|--|
| | |
| Start Data | |

2021-2022 TRANSPORTATION REQUEST

| SCHOOL NAME: | |
|---|--|
| New Request for Transportation What was your pre | evious school: |
| Re-enrollment for Transportation | dress change? Yes No |
| Student Name: | |
| Last Name | First Name Middle Initial |
| Gender: Male Female Date of Birth: | Grade |
| Home Phone: (If no home | e phone #, use 1st contact cell #) |
| Home Address: | Apt. # |
| City: State | Zip: |
| 1st contact: Parent/Guardian Name 2nd contact: | |
| Parent/Guardian Name | Pnone# |
| Additional Contact Name | Phone# |
| Will the Student need morning transportation to school? Will the Student need afternoon transportation from school? | |
| If student is going to or from an address that is NOT th | e home address, please fill out below: |
| Babysitter or Daycare Name: | Phone # |
| Pick-up address <u>if different than home address</u> : | |
| Drop-off address <u>if different than home address</u> : | |
| | |
| Signature (Parent/Guardian) | Date |