



2018-2019

Alternative Address

- **ONLY one alternative address permitted.**
- **Schedules MUST remain consistent week to week.**

Please check the school your child is attending

Center Elementary Gates Mills Elementary Other _____
 Lander Elementary Millridge Elementary
 Middle School High School

Student Name: _____ Grade(s) _____

Home Address: _____

Phone: _____ Parent/Guardian Name _____

Current AM bus # _____

Current PM bus # _____

My child, listed above, will be going to the following address on a regular basis:

Name of Student/Family at this address: _____

Address: _____ Phone Number _____

Days of Week Change will occur in the **AM:** **M T W TH F**

Begin Date: _____ **End Date:** _____

Days of Week Change will occur in the **PM:** **M T W TH F**

Begin Date: _____ **End Date:** _____

New AM Bus # _____ (to be filled out by office)

New PM Bus # _____ (to be filled out by office)

I understand that it is my responsibility to notify the school of any transportation changes before they are to occur. I understand Transportation needs **48 hours** in order to process this request. I understand that the above agreement is for the current school year only.

I/we assume all responsibility for our student after they departure the bus at this stop.

Parent/Guardian Signature: _____ Date: _____