

Preschool Students with an IEP

Alternative Address Form

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

School year: _____ Session 1 (am) Session 2 (pm) Extended Session (full) (circle students session)

Student First and Last Name: _____

Home Address: _____

Phone: _____ Parent/Guardian Name _____

Parent/ Guardian Email: _____

Please provide an email address for confirmation start date. It could take up to 72 hours.

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 **Pick-Up:** M T W TH F

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

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

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

Pick-up bus/van # _____ **(to be filled out by office)**

Departure bus/van # _____ **(to be filled out by office)**

I/we understand that it is our responsibility to notify the school of any transportation changes before they are to occur. I/we understand that the above agreement is for the current school year only. I/we assume all responsibility for our student after they depart from the bus at this stop.

Parent/Guardian Signature: _____

Date: _____