



## Alternative Address Form

- **This does not apply to Open Enrollment students.**
- **ONLY one alternative address permitted.**
- **Schedules MUST remain consistent week to week.**
- **Alternative address MUST be within your home school boundary.**

**Please check the school your child is attending**

Center Elementary                       Gates Mills Elementary                      Other \_\_\_\_\_  
 Lander Elementary                       Millridge Elementary  
 Middle School                       High School

School year: \_\_\_\_\_

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: \_\_\_\_\_