

- 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.
- This form is to be filled out annually, It <u>DOES NOT</u> rollover from the previous year.

Please check the school your child is attend	ing
Center Elementary	Gates Mills Elementary Other
Lander Elementary	Millridge Elementary
Middle School	High School
School year:	
Student Name:	Grade(s) Teacher(s)
Home Address:	
Phone/Cell: Parent/G	uardian Name:
Parent/Guardian Email:	
Please provide an email address for confirm	nation start date. It could take up to <u>72 hours</u> .
Current AM bus #	
Current PM bus #	
My child, listed above, will be going to the fo	ollowing address on a regular basis:
Name of Student/Family at this address:	
Address:	Phone Number/Cell
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 fil	led out by office)
New PM Bus # (to be fi	lled out by office)
We understand that it is our responsibility to that the above agreement is for the current this stop.	o notify the school of any transportation changes before they are to occur. I/we understand school year only. I/we assume all responsibility for our student after they departure the bus a
Parent/Guardian Signature:	Date:

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