



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) _____ Teacher(s) _____

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.

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/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 departure the bus at this stop.

Parent/Guardian Signature: _____ Date: _____