

Preschool Students with an IEP

Alternative Address Form

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

School year: 2024-2025

Session 1 AM

Session 2 PM

Student Name: _____

Home Address: _____

Phone: _____ Parent/Guardian Name: _____

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:** _____

New AM bus/van # _____ (to be filled out by office)

New PM bus/van # _____ (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: _____