



Zone Transfer	
Current Yr: Yes No	NY: Yes
Zone	
School: _____	
Transfer Effective Date: _____	

Request for Change of Address/Alternate Transportation

Falsification of current address information will result in revocation of assignment.

I, the parent/guardian, certify that the following information is true and correct:

Student Information (Please Print)

<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle Name)</i>
<i>(Street Address)</i>	<i>(Apartment Number)</i>	<i>(Zip code)</i>
<i>(Current school Attending)</i>	<i>(Grade)</i>	<i>(Email Address)</i>

Previous Address

<i>(Street Address)</i>	<i>(Zip code)</i>
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Do you want Bus Transportation? (If eligible) Yes _____ No _____ Sunrise _____

- **Pick-up Address** (if other than home address):

Name _____	Phone _____
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Address _____	ZIP _____
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- **Drop-off Address** (if other than home address):

Name _____	Phone _____
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Address _____	ZIP _____
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The student lives with: Mother Father Both Parents Mother/Husband Father/Wife Other Person

If Other, Who _____ Relation _____

Parent/Guardian Information

<i>(Parent/Guardian: Last Name)</i>	<i>(First Name)</i>	<i>(Home Phone)</i>	<i>(Cell Phone)</i>
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<i>(Emergency Contact: Last Name)</i>	<i>(First Name)</i>	<i>(Emergency Phone)</i>	<i>(Relationship to student)</i>
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If any of the above information changes, I understand that it is my responsibility to inform Staff at the school my child attends.

Parent/Guardian Signature (Proof of guardianship may be required.)	Date
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-OFFICE USE ONLY- Student ID# _____ D.O.B. _____ Bus Effective Date: _____			
Information Verified by:	District 205 Employee	Building/School	Date/Eschool Date/Transportation