

**LOCATION OF HOME FOR TRANSPORTATION**

**Note:** If completing for change of address please indicate the following information:

Effective date: \_\_\_\_\_

In cases of joint Legal custody please indicate: Primary residence: \_\_\_\_\_ Secondary residence: \_\_\_\_\_

\_\_\_\_\_  
(Please print all fields)

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Wk. #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Spouse/Other Adult Name: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Wk. #: \_\_\_\_\_ Cell #: \_\_\_\_\_

HIGH SCHOOL

MIDDLE SCHOOL

ELEMENTARY SCHOOL

PRIMARY SCHOOL

RESIDENCE ADDRESS: (Road, Street, Development, etc.)

\_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

LOCATION DESCRIPTION: (Next to firehouse, church, etc.)

\_\_\_\_\_  
\_\_\_\_\_

FOR OFFICE USE ONLY: This form must be copied and forwarded to the Transportation Dept.