

# Canastota Central Schools

## Change in Address/Phone/Transportation

(Please fill in all line – put n/a if no information is available)

Student Information											
Student Name						Grade				Homeroom	
Demographic Information											
Location #1 – Home Address											
Male Parent/Guardian:						Relationship:					
Female Parent/Guardian						Relationship:					
House #			Street/Rd			Apt.#			C/S/Z		
Mailing Address					C/S/Z						
Home Phone:				Work # Male			Cell Phone Male				
				Work # Female			Cell Phone Female				
Email Address:	Male				Female						
Location #2 – Alternate Address (Child Care)											
Parent/Guardian:						Relationship					
House #:			Street/Rd			Apt. #			C/S/Z		
Mailing Address:					C/S/Z						
Home Phone:	(    )		Work Phone	(    )		Cell Phone		(    )			
Email Address:	Male				Female						
Location #3 – Alternate Address (2 <sup>nd</sup> Parent if applicable)											
Parent/Guardian						Relationship					
House # :			Street/Rd			C/S/Z					
Home Phone:	(    )		Work Phone	(    )		Cell Phone		(    )			
Do you need Transportation at this time?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Student is a Walker?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Transportation Details:											
Please indicate below at which location (use above #'s) the student is to be picked up or dropped off at in the appropriate box for the day of the week.											
	<b>Mon.</b>	Bus # (Trans fills in)	<b>Tues</b>	Bus # (Trans fills in)	<b>Wed.</b>	Bus # (Trans fills in)	<b>Thurs</b>	Bus # (Trans fills in)	<b>Fri.</b>	Bus # (Trans fills in)	
Pick Up Location (To School)											
Drop Off Location (From School)											
Remarks: Information Taken by											
Date to Begin Transportation:				Parent Signature:							
Transportation Use ONLY:											