

Canastota Central School District

Request for Change in Address, Phone and/or Transportation

Student Name: _____

PSES SSES RSES High School BOCES Program Grade: _____ (AM/PM if Pre-K)

Location #1 – Home Address

Parent/Guardian: _____ Relationship: _____

House #: _____ Apt. #: _____ Home Phone: _____

Street/Road Name: _____ Cell Phone: (M) _____ (F) _____

City/Town: _____ Work Phone: (M) _____ (F) _____

Location #2 – Alternate Address

Parent/Guardian: _____ Relationship: _____

House #: _____ Apt. #: _____ Home Phone: _____

Street/Road Name: _____ Cell Phone: (M) _____ (F) _____

City/Town: _____ Work Phone: (M) _____ (F) _____

Location #3– Alternate Address

Parent/Guardian: _____ Relationship: _____

House #: _____ Apt. #: _____ Home Phone: _____

Street/Road Name: _____ Cell Phone: (M) _____ (F) _____

City/Town: _____ Work Phone: (M) _____ (F) _____

Pick-up & Drop-off Request

Please indicate at which location (*use number from above*) the student is to be picked up or dropped off at in the appropriate box for the day of the week.

	Monday	Tuesday	Wednesday	Thursday	Friday
Pick-up Location (AM)					
Drop-off Location (PM)					

Is student a walker: Yes No Effective Date: _____

Parent/Guardian Signature: _____ Date: _____

For office use only:

Date Received: _____ Signature: _____

Date Completed: _____ Signature: _____