

Streetsboro City Schools Transportation Department

Information update/ Changes

Date of Address Change _____

Student' s Name _____ Grade _____
_____ Grade _____
_____ Grade _____

NEW ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ -- _____ - _____

Parent /guardian _____ Cell phone _____
Work phone _____

Parent /guardian _____ Cell phone _____
Work phone _____

This form is completed for **change of information**.

If an Alternate (Day care/Babysitter stop) Bus Stop is needed please complete the ALTERNATE BUS STOP FORM, available at school office or on the School Web Site, www.streetsboroschools.com under PARENT FORMS.

ALTERNATE BUS STOP CHANGES REQUIRE TWO BUSINESS DAYS TO COMPLETE FROM THE TIME THE FORM IS RECEIVED AT THE TRANSPORTATION OFFICE.

(Custodial) Parent / Legal Guardian Signature

OFFICE USE

Date form received _____

Stop information:

Bus Stop _____ Bus Number _____

Time at Stop _____