

Canastota Central School District

Request for Change in Address, Phone and/or Transportation

Student Name: _____
PSES SSES RSES High School BOCES Program GED Grade: _____ (AM/PM if Pre-K)
Health Issues/Accommodation Driver should be aware of: _____

Location #1 - Home Address

Parent/Guardian(s): _____ Relationship: _____
House #: _____ Apt. #: _____ Home Phone: _____
Street/Road Name: _____ Cell Phone: (Male) _____ (Female) _____
City/Town: _____ Work Phone: (Male) _____ (Female) _____

Location #2 - Alternate Address

Parent/Guardian(s) : _____ Relationship: _____
House #: _____ Apt. #: _____ Home Phone: _____
Street/Road Name: _____ Cell Phone: (Male) _____ (Female) _____
City/Town: _____ Work Phone: (Male) _____ (Female) _____

The Transportation Department will only accommodate pick up and drop off schedules that are consistent.
An example of consistent schedule would be:
Pick up and drop off will be at home Monday, Tuesday and Friday
Wednesday and Thursday pick up and drop off will be at the sitters

The Transportation Department cannot SAFELY accommodate multiple pick up and drop off points throughout the week.

Pick-up & Drop-off Request

Please indicate at which location (use #1 or #2 from above) the student is to be picked up or dropped off at in the appropriate box for the day of the week.

Table with 6 columns (Monday-Friday) and 2 rows (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: _____