|  |  |
| --- | --- |
| Office Use Only | |
| Received Date |  |
| Starting Date |  |
| Route # |  |



*East Greenbush Central Schools*

D. JACK HEDDEN-RAYMOND H. WERKING SR

TRANSPORTATION CENTER

112 Hays Road · East Greenbush, NY 12061

Phone (518) 477-9288 · Fax (518) 477-7647

**MaryAnn Belmont,** *Transportation Supervisor*

**CHANGE OF ADDRESS TRANSPORTATION FORM**

Please complete this form if you have moved, your address has changed and your child(ren) will be attending a different school in EGCSD. Return the completed form along with proof of residency (see white sheet) to the Registration Office at Columbia High School. The Registration Office will notify the Transportation Department of the address change.

If a student needs transportation to a daycare or alternate location the Daycare/Alternate Location Form must be completed and submitted to the transportation Department. Daycare requests need to be resubmitted yearly and are due by April 1st for the upcoming year. Please refer to the form for additional information and restrictions.

In Situations of joint custody, the district only recognizes one primary address. The district will only transport children to their primary residence.

Student and Parent Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student (s) | Grade | CURRENT School | NEW School (if applicable |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name of Parents/Guardians | Relationship to Student | Home Phone | Work/Day Phone | Cell Phone |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| Location/Description of Home (any specific information that would help us pinpoint your home) |
|  |

|  |  |
| --- | --- |
| Will Your Child Use the Bus Regularly | Special Bus Requirements (i.e. wheelchair, harness) |
| □Yes □No – If no, Explain: | □Yes □No – If yes, describe |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Students New Primary Address (Must be physical address – no Post Office Box) | | | | |
| Street | | | Apt # | |
| City | | State | | Zip |
| Resides With | □Both Parents □Father □Mother □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Receives Mail □Yes □No | | |

***I certify that the information provided above is accurate and complete***

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

*Parent/Guardian Signature Date*