

**Community I.S.D.**  
**Transportation Department**  
**Alternate Address form**

This form should only be used for long term drop off or pick up location. A one or two day change should be done on a bus pass from the campus.

Students Name: \_\_\_\_\_

Students Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

We will only allow your student on and off at their address on file or the above alternate address. Students can only have one alternate address on file. Please turn this form completed into your student's bus driver, campus or the transportation department. This form must be on file before we can implement the new drop off and pick up location.