

Jasper City Schools

Transportation Change of Address

Cambio de dirección en el transporte

Office Use Only

Approved by: _____

Bus Number: _____

Dot Color: _____

Driver Name: _____

Date: _____

Residence Verified by:

Date: _____
(fecha)

Student Name: _____
(nombre del estudiante)

Parent/Guardian Name: _____
(Nombre del Padre/ guardian)

Grade Level: _____ School: _____
(Nivel de grado) (la escuela)

Home Phone: _____ Cell Phone: _____
(Número de Teléfono de casa) (Teléfono celular)

Previous Address: _____
(Dirección anterior)

Previous Bus Driver/ Dot color: _____
(conductor/ color anterior del autobus)

New Street Address: _____
(nueva direcciones de casa)

Location/ Directions to Home: _____
(Localización/ Direcciones de casa) _____

Are there any **NEW medical conditions that the driver should be aware of:

Yes: _____ No: _____

** ¿Existe alguna nueva condición médica que el conductor deba conocer?

Sí _____ No: _____

****IMPORTANT** YOUR CHILD WILL NOT BE PLACED ON A BUS UNTIL YOU HAVE NOTIFIED THE SCHOOL OF YOUR NEW ADDRESS. PLEASE PROVIDE PROOF OF NEW RESIDENCE WHEN COMPLETING THIS APPLICATION. ALL CHANGED WILL BE VERIFIED.**

*****SCHOOLS – PLEASE MAKE CHANGES OF ADDRESS IN POWERSCHOOL*****