

# BEDFORD CITY SCHOOL DISTRICT CHANGE OF ADDRESS FORM

**\*\* PLEASE PRINT \*\***

CHILD'S LAST NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

CHILD'S FIRST NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_

GENDER: *M or F*

SCHOOL NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_

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

Circle one: My child **WILL** or **WILL NOT** ride the bus.

\_\_\_\_\_  
*Parent / Guardian Signature*

\_\_\_\_\_  
*Date*