

# Jasper City Schools

## Transportation Change of Address

Cambio de dirección en el transporte

Student Name: \_\_\_\_\_  
(nombre del estudiante)

Parent/Guardian Name: \_\_\_\_\_  
(Nombre del Padre/ guardian)

Grade Level: \_\_\_\_\_ School: \_\_\_\_\_  
(Nivel de grado) (la escuela)

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Teléfono celular) (Teléfono celular)

Previous Address: \_\_\_\_\_  
(Dirección anterior)

**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 CHANGES WILL BE VERIFIED.**

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

Office Use Only

Approved by: \_\_\_\_\_

Bus Number: \_\_\_\_\_

Dot Color: \_\_\_\_\_

Driver: \_\_\_\_\_

Date: \_\_\_\_\_

Residence Verified by: \_\_\_\_\_