



MARYSVILLE SCHOOLS TRANSPORTATION REPLACEMENT ADDRESS REQUEST FORM

This form is used to request bus transportation to or from an address
other than the student's home address.

Student Information

CHILD'S NAME: _____

SCHOOL: _____

Requested Address

ADDRESS FOR ***PICK-UP***: _____

ADDRESS FOR ***DROP OFF***: _____

START DATE: _____

Name of person requesting the change _____

Important Reminders

Please review carefully before submitting:

- **Kindergarten–4th grade students** using a babysitter address must remain within the **same school boundary** as the home address.
- Each student is limited to **one address** for pick-up and/or drop-off.
- Approval depends on **bus availability** and the address must be an **existing stop on a current route**.
- Parents/guardians must **reapply each school year**.
- All requests are reviewed and approved by **Transportation Department staff**.

Deadlines & Special Circumstances

- **Deadline to submit Replacement Address forms: June 1**