



OXFORD SCHOOL DISTRICT

BUS TRANSPORTATION ALTERNATE ADDRESS CHANGE FORM

Use this form to request an alternate location for morning pick-up or afternoon drop-off for students who ride the school bus.

Student Name: _____

School of Attendance: _____

Current Address: _____

Alternate Address Change For: ☐ AM Only ☐ PM Only ☐ Both (AM & PM)

Dates for Alternate: _____ to _____ ☐ For the rest of the school year
START DATE END DATE
MINIMUM = 5 DAYS

Alternate Address (AM): _____ Lot/Apt #: _____

Alternate Address (PM): _____ Lot/Apt #: _____

Parent/Guardian Name (please print): _____

Relationship to Student: _____ Phone Number: _____

Parent/Guardian Signature: _____

****APPLICANTS MUST PROVIDE A VALID DRIVERS LICENSE****

ALTERNATE ADDRESS CHANGES ARE ONLY FOR THIS SCHOOL YEAR. THESE CHANGES DO NOT ROLL OVER TO SUMMER SCHOOL OR THE NEXT SCHOOL YEAR.

ALLOW 1 TO 2 BUSINESS DAYS FOR PROCESSING AND APPROVALS.

FOR OFFICE USE ONLY

Verified By and Date Sent to Registration: _____

Registration Approval Signature: _____

Transportation Approval Signature: _____