

**Request to change transportation**

This form needs to be completed if a parent needs to change their address for transportation and or demographic information of a student here at Pathways:

1. Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_
  
2. New Street address: \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_
  
3. Reason for change: \_\_\_\_\_
  
4. OLD address: \_\_\_\_\_ City: \_\_\_\_\_
  
5. Is this new address permanent or temporary? \_\_\_\_\_
  
6. If it is temporary please write down the approximate length of time at new address \_\_\_\_\_
  
7. 3 good phone numbers that transportation department can contact the parent at to inform him/her of the new address pick up spot and time (if they don't have 3 numbers get at least 2)
  - a. Home phone # \_\_\_\_\_
  
  - b. Cell Phone # \_\_\_\_\_
  
  - c. Work Phone # \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Please note: It takes 7 business days to process the change.

If the parent/student is requesting a change of address only in the p.m. for a sport please note that here: Also, please note the name of the high school and high school's address that the child will be dropped off at.

Staff Member Signature: \_\_\_\_\_

Date request completed: \_\_\_\_\_

