



West Genesee Central Schools

Change of Information Notification (Middle School)

School: _____ Date: _____
Student: _____ SIS ID #: _____
Current Address: _____ Grade: _____

Make change(s) below: Please Print

Reason for Change: family moved residing parent 2nd mailing phone other: _____

Mail from school should be addressed to: Mr. Mrs. Ms.

Residing Parent(s) or Second Correspondent: _____

Address: Residency verified and Residency Questionnaire completed

Contact Information: Home phone _____
Work (mother) _____ Work (father) _____
Cell (mother) _____ Cell (father) _____
Email (mother) _____ Email (father) _____

Other Change(s): _____

Bus Change? no yes – complete the information below

Bus change is requested to go into effect on _____

*Please indicate below your child's <i>daily pick-up</i> and <i>drop-off</i> schedule from HOME address.									
Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Both		Both		Both		Both		Both	
*Please indicate below your child's <i>daily pick-up</i> and <i>drop-off</i> schedule from CHILD CARE PROVIDER'S address.									
Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Both		Both		Both		Both		Both	

Babysitter Name: _____ Babysitter Phone # _____

Babysitter Address: _____

Parent/Guardian Signature: _____

Office Use Only:

revised 1/8/10

Received by: _____ Effective Date: _____

Please make copies and send to the following –
Transportation, Health Office, Guidance, Principal, AP's Office

Verify Personal ID (photo)