



MARYSVILLE

Innovate Collaborate Inspire



MARYSVILLE SCHOOLS TRANSPORTATION ALTERNATE ADDRESS REQUEST

CHILD'S NAME: _____

HOME ADDRESS: _____

RESIDENTIAL SCHOOL: _____

ALTERNATE ADDRESS FOR *PICK-UP*: _____

ALTERNATE ADDRESS FOR *DROP OFF*: _____

START DATE: _____

REASON FOR ADDITIONAL ADDRESS:

____ SHARED PARENTING ____ BABYSITTING

____ OTHER - PLEASE EXPLAIN: _____

REMINDERS:

- Schedules need to be consistent for the safety of the student.
- K-4 students for babysitter/shared parenting shall be in the same school boundary as the home address.
- Limited to only one additional address for pick up and/or drop off per student.
- Parents must reapply each school year.

PRINT PARENT NAME: _____

PARENT SIGNATURE: _____ DATE: _____