



West Genesee Central Schools

Change of Information Notification (Elementary)

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

Make change(s) below: *Please Print*

Reason for Change: family moved residing parent phone other: _____

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

Residing Parent(s): _____

New Address: Residency verified and Residency Questionnaire completed

Contact Information: Home _____
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: _____

Student Withdraw Information

Date Withdrew: _____ Transferred to: _____

Parent/Guardian Signature: _____

Office Use Only:

Received by: _____ Effective Date: _____

revised 1/8/10

Please make copies and send to the following –
District Office, Transportation, Health Office, Library, SYSOPS, Teacher

Verify Personal ID (photo)