



# West Genesee Central Schools

## Change of Information Notification (High School)

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Current \_\_\_\_\_

SIS ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_

*Make change(s) below: Please Print*

**Reason for Change:**  family moved  residing parent  2<sup>nd</sup> 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 \_\_\_\_\_

From: (Current pick-up address) \_\_\_\_\_

To: (New pick-up address) \_\_\_\_\_

From: (Current drop-off address) \_\_\_\_\_

To: (New drop-off address) \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Office Use Only:**

Received by: \_\_\_\_\_

Effective Date: \_\_\_\_\_

*revised 1/8/10*

Please make copies and send to the following –  
Counselor, Registrar, Transportation, Health Office, AP's Office,  
Main Office Secretaries, Fine Arts, Library, Attendance

Verify Personal ID (photo)