



CHANGE OF ADDRESS FORM

This Form is to be completed for a student who is moving within the same attendance area but requires a new bus stop.

NOTE : Students without an existing bus stop must complete a Transportation Application Form.

Your school office will forward the **Change of Address Form** to the bus contractor.

Student Name: _____ First Name: _____

School : _____ Grade: _____

New Home Address : _____

City _____ Postal Code: _____

Effective Date: _____

Parent/Guardian Name: _____

Email Address: _____
(Confirmation of pick up/drop off locations and times will be sent by email)

Phone : _____ Alternate Phone: _____

Busing Required:

Date : _____ am pm

Full Time Basis Part time Basis

Additional Information : _____

Parent/Guardian Signature: _____ Date : _____

SEND E-MAIL

For Office Use Only

AM bus stop ID: _____ PM Bus Stop ID: _____

Bus Stop Time/Location: _____ Bus Stop Time/Location: _____

Approved : _____

CONSEIL SCOLAIRE FRANCOPHONE DE LA COLOMBIE-BRITANNIQUE (SD No.93)

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