



## 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 : \_\_\_\_\_

### 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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