



Please return this form **ONLY** if there will be a change in your student's transportation or address.

IN 2010-11 STUDENT WILL BE ATTENDING: \_\_\_\_\_  
(Enter complete name of school)

Is your family moving? \_\_\_\_\_ (if yes, see below)

Are you changing or dropping childcare providers? \_\_\_\_\_ (if yes, see below)

Will your child ride the bus instead of walk? \_\_\_\_\_

or walk instead of ride the bus? \_\_\_\_\_

or be a car rider? \_\_\_\_\_

*IF YES TO ANY ABOVE, PLEASE COMPLETE THIS FORM TO HELP US UPDATE TRANSPORTATION RECORDS FOR THE NEW SCHOOL YEAR! IF YOU HAVE MORE THAN ONE STUDENT, PLEASE FILL OUT ONE FORM PER STUDENT/PER SCHOOL. RETURN FORM(S) TO SCHOOL(S) ATTENDING FOR 2009-10 SCHOOL YEAR.*

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student's residence address:

\_\_\_\_\_  
\_\_\_\_\_

Is this a change in address since the last school year? **YES NO**  
(if yes, a proof of residency must be submitted to the school office: current gas, electric or water bill, or lease agreement)

Will the student be picked up and dropped off at the above address? **YES NO**

If NO, please complete:

Pick up: \_\_\_\_\_  
Street Address Town Zip Code

Drop off: \_\_\_\_\_  
Street Address Town Zip Code

Does this address belong to a custodial parent? **YES NO** or other relative \_\_\_\_\_

If this address is a before/after school care provider, please give name and phone # of the provider.

\_\_\_\_\_  
(name) (phone)

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Please return this form as soon as there is a change in any of the above. Bus routes are being created now for the 2010-11 school year and will be available online on or about August 14. Form can be faxed or mailed to school. Go to [www.fcps.org](http://www.fcps.org) for school address and fax numbers, or call FCPS at 301-644-5000. Thank you.*  
06/02/10