

STUDENT ID _____

DATE _____

DAYCARES: FAX TO ATTENDING SCHOOL

Gwinnett County Public Schools Alternate Bus Stop Registration

SCHOOL _____ GRADE _____ TEACHER _____

STUDENT NAME _____ DATE OF BIRTH _____
FIRST MIDDLE LAST

HOME ADDRESS _____ APT# _____

CITY _____ ZIP _____ HOME PHONE _____

CELL PHONE _____ WORK PHONE _____

IS CHANGE DUE TO A NEW HOME ADDRESS? YES _____ NO _____

CONTINUE ONLY IF ALL OF THE FOLLOWING APPLY:

1. The morning and/or afternoon address below is for **ALL 5 DAYS**.
2. The morning and/or afternoon address below is **within your assigned school zone, or the sitter/daycare provides all transportation.**
3. Your child goes to a daycare/sitter/relative before **and/or** after school

**Students cannot be picked up or returned to different locations on different days of the week.
For emergency situations, you must request a bus pass from your child's school.**

MORNING ADDRESS: IF OTHER THAN HOME ADDRESS

(Street Address) (Apt #) (City) (Zip Code)

Name of daycare/sitter _____ Phone _____

Does the daycare provide transportation to/from school? Yes _____ No _____

Date requested to begin service _____

AFTERNOON ADDRESS: IF OTHER THAN HOME ADDRESS

(Street Address) (Apt #) (City) (Zip Code)

Name of daycare/sitter _____ Phone _____

Does the daycare provide transportation to/from school? Yes _____ No _____

Date requested to begin service _____

Parent Name _____ Parent Signature _____

Parent signature required to process request. Date _____

School Use Only

Alternate Address Approved _____
(initials)

Alternate Address Declined _____
(initials)