

Orrville City Schools  
Transportation

Alternate Address Request  
Information Sheet

For Permanent Changes parent should also update finalforms

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

Parent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Verify Home Address: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Alternate Stop (i.e. B & G Club, YMCA, babysitter) \_\_\_\_\_

Address of Alternate Stop \_\_\_\_\_

Phone Number of Alternate Stop \_\_\_\_\_

Alternate Service Information (please circle):    AM        PM        BOTH  
(Must be all 5 days per week)

Office Use Only: \*\*\*\*\*

Assigned Bus # \_\_\_\_\_

Finalforms updated by parent:    Yes        No

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

