

**BENJAMIN LOGAN LOCAL SCHOOL DISTRICT
TRANSPORTATION
CHANGE OF ADDRESS**

Date: _____ Grade _____
Child's Name _____ Sex: Male _____ Female _____
Siblings: _____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

Parent(s) Name: _____
Address: _____ City _____
Telephone: _____ Cell/Emergency telephone: _____

****Please describe the exact location of your home. (Example-Blue house on the north side of the road, 1/2 mile north of SR 47 on CR 25)**

****If your child is to be picked up or delivered to another address other than the above address (Example: babysitter, grandparent, etc.) please complete the section below.**

Care Giver's Name _____ Telephone: _____
Address _____ City _____

Please describe the exact location of this home: _____

AM & PM _____ AM ONLY _____ PM ONLY _____

If other than every day, please give us exact schedule:

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FOR OFFICE USE ONLY:

Updated in database: _____

Updated by _____

Date _____