

08-09

Alternate Address
Information Sheet

Student Name _____

Verify Home Address _____

School _____

Grade _____

Teacher's Name _____

Name of Babysitter _____

Address of babysitter _____

Relationship of Babysitter _____

Phone Numbers of Babysitter _____

****Assigned Alternate Bus Number _____****

Emergency Phone Number _____

(other than sitter)

Days of alternative service _____

(a.m., p.m., M>T>W>TH>F)

DATE _____