

MATTITUCK CUTCHOGUE U.F.S.D

Change of Residency/Transportation Request

No change in a student's transportation, due to a change of address, will be honored until the appropriate documentation is received by Central Registration. If you have any questions, please contact Central Registration at (631) 734-6049.

Date:		
Student Last:	Student First:	Grade:
Date of Birth:	ID #:	

_____ has informed us of a change of:
(Parent/Guardian)

Previous Address:	
Bus Number:	Assigned Stop:
New Phone:	
New Address:	

TRANSPORTATION INFORMATION (If Requested)	
Previous Bus Number:	Previous Bus Stop:
New House Location:	N S E W
New House Located between:	
Street:	
Street:	
Landmarks: House color, number on house or mailbox etc.:	

TO BE COMPLETED BY CENTRAL REGISTRATION		
Parent/Guardian notified:	Date:	
Residency Requirements Completed	Date:	
Transportation Notified	Date:	
Signature of Central Registration	X:	Date

TO BE COMPLETED BY TRANSPORTATION(Information to be entered into Infinite Campus)		
Bus Number Assigned:	Date:	
Bus Stop Assigned:	Date:	
Parents Notified:	Date:	
Signature of Transportation:	X:	Date