



# SUSSEX TECHNICAL HIGH SCHOOL

## APPLICATION FOR ADDRESS /TRANSPORTATION CHANGE

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

### HOME ADDRESS CHANGE

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### TRANSPORTATION CHANGE

**\*\*Transportation Address must be within the attendance boundaries (Sussex County, DE)\*\***

\_\_\_\_\_ **YES, MY CHILD WILL REQUIRE BUS TRANSPORTATION**

**Pick-Up Address:** \_\_\_\_\_ City \_\_\_\_\_

Name of Adult/Business at Address \_\_\_\_\_ Phone: \_\_\_\_\_

**Drop-Off Address:** \_\_\_\_\_ City \_\_\_\_\_

Name of Adult/Business at Address \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ **NO, MY CHILD WILL BE DRIVING TO/FROM SCHOOL, TRANSPORTED BY A PARENT, OR TRAVELING WITH A FRIEND OR FAMILY MEMBER AND WILL NOT NEED BUS TRANSPORTATION.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name