



SUSSEX TECHNICAL HIGH SCHOOL

APPLICATION FOR ADDRESS /TRANSPORTATION CHANGE

Student Name: _____ ID# _____

HOME ADDRESS CHANGE

New 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