

**PRE-K PROOF OF DISTRICT RESIDENCY and ALTERNATIVE TRANSPORTATION FORM**

Which building is your child in: **AFES** **KES** Grade: **PRE K**

Parent/Guardian: \_\_\_\_\_ Student Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

County: \_\_\_\_\_ Town of Residence: \_\_\_\_\_

Describe where you live: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proof of District Residency (this section completed by office)**

**Home bus numbers assigned to the student:** Morning bus number: \_\_\_\_\_ approximate pick up time \_\_\_\_\_

Afternoon bus number: \_\_\_\_\_ approximate pick up time \_\_\_\_\_

Signature of the transportation supervisor indicates that the above student resides in our district:

Transportation Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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**Documents received as proof of district residency (this section completed by office)**

**Proof of residency within the Au Sable Valley Central School is required at the time of student registration. Please note that 2 forms of residency verification are needed, one from group 1 and one from group 2. Proof of residency must include name and address of a parent/guardian and must be dated within the last 30 days. Items must have a physical address, items with a P.O. Box are not a valid proof of residency.**

Group 1 \_\_\_ Copy of residential lease, deed or mortgage \_\_\_ Contract for purchase of home

\_\_\_\_\_  
Affidavit by a third party landlord, owner or tenant

**Alternate Transportation**

*Please complete this form if bussing of your child is requested to **OTHER THAN HIS/HER HOME ADDRESS for pick up or drop off.** Students will be bussed home unless this form is completed and returned to the bus garage or school. **ALL BLANKS BELOW MUST BE FILLED IN!***

<b>STUDENT'S NAME</b>	<b>SCHOOL</b>	<b>GRADE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CHILD CARE PROVIDER'S NAME** \_\_\_\_\_

**CHILD CARE PROVIDER'S ADDRESS and PHONE NUMBER** \_\_\_\_\_

**AM PICK-UP ADDRESS** \_\_\_\_\_ **ON WHAT DAYS** \_\_\_\_\_ **BUS** \_\_\_\_\_

**PM DROP-OFF ADDRESS** \_\_\_\_\_ **ON WHAT DAYS** \_\_\_\_\_ **BUS** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

**EFFECTIVE DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_