

Middletown Middle School
100 Martha Mason St.
Middletown, MD 21769

Please return this form **ONLY** if there will be a change in your student's transportation or address.

Is your family moving? _____ (if yes, see below)

Are you changing or dropping childcare providers? _____ (if yes, see below)

Will your child ride the bus instead of walk? _____

or walk instead of ride the bus? _____

or be a car rider? _____

IF YES TO ANY ABOVE, PLEASE COMPLETE THIS FORM TO HELP US UPDATE TRANSPORTATION RECORDS FOR THE NEW SCHOOL YEAR!

MIDDLETOWN MIDDLE STUDENTS ONLY

Student(s) Name: _____ grade _____

Student's residence address:

Is this a change in address since the last school year? **YES NO**
(if yes, a proof of residency must be submitted to the guidance office separately.
Do not send it with this form)

Will the student be picked up and dropped off at the above address? **YES NO**

If NO, please complete:

pick up address: _____

Drop off address: _____

Does this address belong to a custodial parent: **YES NO** or other relative _____
(aunt, uncle, grandparents, etc)

If this address is a before/after school care provider, please give name and phone # of the provider.

_____ (name)

_____ (phone)

Parent Signature & date

2010 _____