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

Which building is your child in: **AFES**  **KES**

| 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: ________________

---

**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!**

<table>
<thead>
<tr>
<th>STUDENT'S NAME</th>
<th>SCHOOL</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________</td>
<td>____________________</td>
<td>____________________</td>
</tr>
<tr>
<td>____________________</td>
<td>____________________</td>
<td>____________________</td>
</tr>
<tr>
<td>____________________</td>
<td>____________________</td>
<td>____________________</td>
</tr>
</tbody>
</table>

**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**_____________