Jefferson City Public Schools
Secondary Transportation Form
2016 Summer School

Date: _____ Student Name: _____
Address: _____
School: _____ Grade: _____

Does your student plan to use JCPS bus services for summer school? □ Yes □ No
If yes, JCPS bus services will be used for the purpose of □ Pick Up □ Drop Off

If your student will ***routinely*** ride a JCPS bus to an address other than the primary address, please list it below:
Please note – the alternate address can only be that of a guardian/daycare and must also be bus eligible

_____

_____

This alternate address will be used for the purpose of □ Pick Up □ Drop Off

Name and phone number of individual(s) that reside at the above address:
_____
Name Phone #

Parent/Guardian Name (Please Print) _____

Signature _____ Date _____

For Office Use Only – NOTES:
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