

**Jefferson City Public Schools
Secondary Transportation Form
2017 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:

